Anemic Gastrointestinal Bleeding in *Campylobacter Jejuni* Infection

Julio César Moreno-Alfonso MD¹*, Giuseppa Antona MD¹, Ada Molina Caballero MD¹ and Alberto Pérez Martínez MD, PhD¹

¹ Department of Pediatric Surgery, Hospital Universitario de Navarra, Pamplona, Spain.

*Corresponding Author: Julio César Moreno-Alfonso MD, Department of Pediatric Surgery, Hospital Universitario de Navarra, Pamplona, Spain.

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We present a 13-month-old male with a history of multiple diarrheal episodes with mucus and blood due to *Campylobacter Jejuni* infection. He was admitted in the last of them due to mucosanguineous stools, fever and oral intolerance. He was treated with amoxicillin/clavulanic acid and a blood test was performed without leukocytosis (14 x10⁹/L) but with neutrophilia (10.2 x10⁹/L) and elevated CRP (85mg/L), in addition to abdominal ultrasound with minimal fluid tab in the right iliac fossa. On the second day of hospitalization, he presented an anemizing and painless gastrointestinal bleeding that required transfusion (hemoglobin 6.3g/dL), however, he was hemodynamically stable, with slightly painful abdomen in lower quadrants, but without peritoneal irritation.

In view of the severity of the analytical findings, a Technetium 99-m scintigraphy was requested, which revealed ectopic gastric mucosa (Fig. 1) and a Meckel’s diverticulectomy was performed (Fig. 2). Six months later the patient is asymptomatic and stool cultures are negative. In the presence of recurrent and painless lower gastrointestinal bleeding, the presence of a remnant of the omphalomesenteric duct should be suspected (1,2), even if there are other intercurrent infectious processes that may explain the symptoms, since the ectopic gastric mucosa can be colonized, especially by bacteria of the *Campylobacter* genus (3,4).

![Figure 1. Marker uptake in the orthotopic (arrow) and ectopic (arrowhead) gastric mucosa in the lower hemiabdomen, at the level of L1-L2.](image-url)
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Declaration of Interest

None

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None to declare

Consent statement

Informed consent was obtained from the patient’s parents for the taking of photographs and their publication.

References


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