Clindamycin-associated Colitis: Report of a Case*

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CLINDAMYCIN, a synthetic modification of lincomycin, is a very useful antibiotic, especially against staphylococcal, pneumococcal, and gram-negative anaerobic infections. This antibiotic is better absorbed from the gastrointestinal tract than lincomycin and is well tolerated by most patients. Unfortunately, colitis has been observed recently in certain patients receiving this drug. Below we describe this type of colitis appearing in a man without a previous history of any kind of gastrointestinal disorder.

Report of a Case

A 38-year-old man (a doctor) had been receiving Clindamycin, 150 mg four times daily, for acute sinusitis. On the fifth day of treatment, while the illness had improved significantly, diarrhea appeared, with six watery bowel movements, accompanied by mild generalized abdominal pain and low-grade fever. On the sixth day, Clindamycin was discontinued and the patient began treatment with ordinary antidiarrheal agents. In spite of this treatment, abdominal discomfort continued, and the watery diarrhea became bloody. Lomotil was started, reducing the number of diarrheic bowel movements to 3 or 4 daily, but the stools continued to contain blood for the next six days.

During this time a full investigation of the bowel was done. Sigmoidoscopy disclosed a diffusely edematous, friable, hemorrhagic mucosa, without ulcerations or plaquelike membranes. The mucosa, the muscularis mucosae, and the upper part of the submucosa comprised a rectal biopsy specimen. Some lymphocytic aggregation was found in the muscularis mucosae, and some polymorphs and eosinophils in the lamina propria (Figs. 1 and 2).

Within 12 days of the onset of this illness, the symptoms and signs gradually disappeared, and the patient is in excellent health a year later.

Discussion

Scott et al., in 1973, described lincomycin as a cause of pseudomembranous colitis, and predicted the possibility of an association between Clindamycin and colitis. Nine months before this prediction was reported, three documented cases of this association had been described by Cohen et al. Since then, several additional cases have been described. The clinical presentation of this syndrome is similar to that of acute colitis, with abdominal pain, fever, and diarrhea, which is occasionally bloody. The onset of these symptoms occurs three to 25 days after the start of treatment, usually in the middle-aged persons, although young adults can also be affected.

In our case the patient was a relatively young man, and the symptoms appeared following five days of treatment with Clindamycin. Ordinary antidiarrheal drugs had no effect, and the stools became bloody. Lomotil reduced the number of diarrheic bowel movements, but the stools continued to be bloody. It should be noted that in some cases of lincomycin-induced pseudomembranous colitis reported by Pittman et al., rectal bleeding appeared after the patients were given Lomotil for diarrhea.
Fig. 1. General aspect of the rectal biopsy × 40.

Fig. 2. Lymphocytic aggregation in the muscularis mucosae × 100.