

## CASE REPORT: OBSCURE CAUSE OF LOWER GI BLEEDING AFTER ANTERIOR RESECTION

**Introduction.** Colorectal surgery is one of the risk factor for *Clostridium difficile* infection (CDI). Incidence of CDI following anterior resection have been scarcely reported. **Presentation of Case.** A 63-year-old lady developed gastrointestinal bleeding on the second day after an elective anterior resection for rectosigmoid carcinoma. She had been given single prophylactic dose of antibiotic prior to surgery. She had an upper endoscopy done on fourth day post operation which was normal, thus a computed tomography angiography (CTA) was done on post operative day 6 to look for source of bleed. The CTA showed diffuse bowel wall thickening of the transverse colon, ascending colon and caecum with thumbprinting appearance suggestive of pseudomembranous colitis. Stool sample sent was positive for *Clostridium difficile*. She was successfully treated with a 10-day course of oral vancomycin and intravenous metronidazole and was discharged post operative day 19. **Discussion.** Post operative patients are relatively immunocompromised which makes them susceptible to infection. Other risk factors associated with post-operative CDI are advanced age, multiple comorbidities, severe illness, antibiotic exposure and emergent surgery. Diarrhoea is the hallmark presentation but some patients may have ileus or rarely hematochezia, which is present in our patient. This per rectal bleeding is possibly due to fulminant colitis . Diagnosis of CDI may be delayed as its presentation could be a mild, transient symptoms seen in post colorectal resection. **Conclusion.** Diagnosis of CDI may be missed during post operative period. It is mandatory to assess risk factors for each patient prior to surgery as it can pose as a significant risk factor. Clinicians should maintain a high index of suspicion especially in patients who undergo anterior resection and to start treatment promptly.

Keywords: *Clostridium difficile* infection; anterior resection ; diarrhea; hematochezia