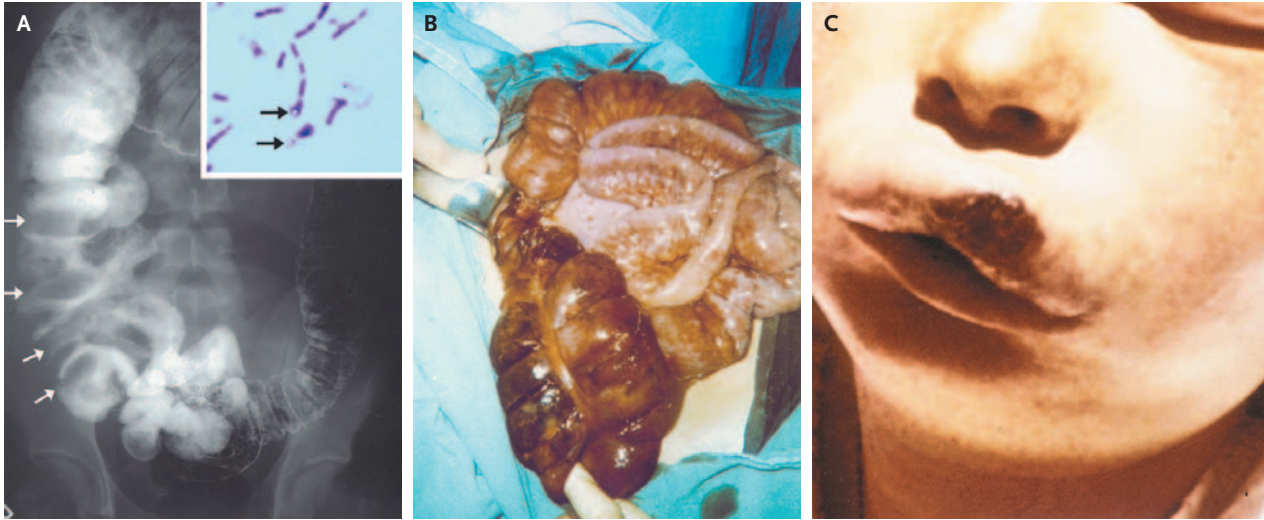


## IMAGES IN CLINICAL MEDICINE

## Anthrax of the Cecum



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A 25-YEAR-OLD MAN WAS ADMITTED FOR PAIN AND DISTENTION OF THE abdomen. He had a three-day history of dizziness, fatigue, myalgia, and mild fever. On physical examination, he was in shock, with ascites and oculofacial congestion. Bowel sounds were absent. A doughy mass in the right inferior fossa was palpable and slightly tender. The peripheral white-cell count was 16,000 cells per cubic millimeter (78 percent neutrophils), and the hematocrit was 40 percent. A radiograph obtained after the administration of a barium enema showed large edematous cecal folds (arrows, Panel A). The patient, a shepherd, was living in a remote, rural area of Lebanon. He first denied and later admitted having slaughtered a sick goat three days before the onset of his symptoms and eating the raw meat. Penicillin and tetracycline were started, with intensive supportive treatment. He had a poor response over the next 12 hours. He underwent surgery, during which massive ascites, an edematous and hemorrhagic cecum (Panel B), and enlarged ileocecal lymph nodes were found. Right hemicolectomy with primary repair was performed. After surgery, the patient rapidly improved, and he was discharged 10 days later. The direct staining and culture of a mesenteric lymph node showed gram-positive rods that were nonmotile, nonhemolytic, and spore-forming (arrows, inset in Panel A) and were confirmed in culture to be *Bacillus anthracis*. Among people who ate the diseased goat, one had anthrax of the upper lip (Panel C) and others had mild gastrointestinal symptoms that were successfully treated in the village with penicillin and tetracycline. This episode demonstrates two of the three (cutaneous and gastrointestinal, but not pulmonary) most important syndromes associated with anthrax.

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