Refractory Diarrhea in a Patient with HIV Infection

(See pages 257–8 for the Answer to the Photo Quiz)

A 38-year-old man with a 10-year history of human immunodeficiency virus (HIV) infection and AIDS who was receiving HAART had experienced intermittent bouts of diarrhea over several years. His adherence to HAART had been incomplete, but with his current regimen of ritonavir-boosted atazanavir, didanosine, and abacavir, he had maintained a CD4+ cell count of >650 cells/µL and a viral load of <5000 copies/mL. His medical history was significant for diabetes mellitus type 2, anemia, and methicillin-resistant Staphylococcus aureus skin infections. When severe, the patient’s diarrhea was of large-volume liquid bowel movements up to 15 times per day without blood, abdominal pain, nausea, or vomiting. Stress and food ingestion seemed to bring on the diarrhea so urgently that he wore a diaper and kept a bedside commode in his bedroom. In 2004, he was receiving trimethoprim-sulfamethoxazole for staphylococcal furunculosis and prophylaxis for Pneumocystis jiroveci pneumonia. He received a diagnosis of Clostridium difficile colitis and was treated with metronidazole. His diarrhea improved but recurred 1 month after completing treatment. At that time, studies performed on the patient’s stool samples, including cultures and microscopic examination for ova and parasites, did not reveal any other pathogens. The patient received a course of treatment with oral vancomycin, and his diarrhea resolved. At 18 months after his initial visit, the patient was again bothered by episodes of diarrhea and returned for consultation during an especially severe episode, the characteristics of which were similar to those of his earlier diarrhea. A detailed review of the patient’s medications did not reveal any drug or antibiotic that could be a potential cause of his diarrhea. Several stool cultures were negative for parasites, pathogenic bacteria, and C. difficile HAART was temporarily stopped, but the patient’s diarrhea did not improve. A colonoscopic examination did not show any gross abnormalities. A random biopsy specimen is shown in figure 1.

What is your diagnosis?