Pigbel-like syndrome in a vegetarian in Oxford

Editor,—We were interested to read the case report by Farrant et al (Gut 1996; 39: 336–7) as we too had a similar recent case of unexplained ischaemic or necrotising enterocolitis. In our patient also the terminal ileum and caecum were primarily affected, and Gram positive organisms were identified on Gram staining. We were, however, surprised that the patient was well described by Cooke1 and seems to affect the jejunum in a patchy fashion along the antimesenteric border and rarely involves the ileum, but never the colon. It is classically described as occurring rapidly following feeding of rich meal in the setting of protein energy malnutrition, and the requirement for dietary trypsin inhibitors seems to be at the time of toxin ingestion rather than three months previously. The finding of Gram positive organisms in the bowel wall is not conclusive as clostridial species are ubiquitous in faecal flora, and indeed we have demonstrated their presence in the tissues of colectomy specimens with infection due to vascular thrombosis. The fact that Pigbel syndrome has been well controlled by the introduction of vaccination to the Clostridium perfingens type C β-toxin2 suggests that the presence of this organism or its toxin is necessary to make this diagnosis. The mere presence of Gram positive organisms in this case without toxicological proof, given the unusual circumstances and the unlikely location of the lesion, makes the presumptive diagnosis of Pigbel syndrome somewhat tenuous.

We would suggest instead that the clinical picture is more that of a "non-occlusive mesenteric ischaemia"-like syndrome which is known to have a predilection for the terminal ileum and caecum3 as in this case and has been associated with diarrhoea, ileus, vasoconstrictors such as cocaine, hypovolaemia, haematological malignancies,4 and even Marathons running.5 Although such cases are rare and the aetiology obscure, the presence of splanchnic vasoconstriction and diminished circulating volume would seem to be critical and could have occurred in this case due to the combination of infective diarrhoea and physical training.

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