A Patient with Acute Myeloid Leukemia and a Solid Mass in the Colon
(See pages 1955–6 for the Answer to the Photo Quiz.)

Figure 1. Endoscopic image showing a mass 4 cm in diameter in the ascending colon.

In May 2008, a 72-year-old man presented to our institution with fatigue and dyspnea. He received a diagnosis of acute myeloid leukemia. His previous clinical history was negative, except for recurrent episodes of diarrhea that had occurred 6 months before presentation. Previous endoscopic examinations had lead to a diagnosis of segmental colitis associated with diverticulosis, and 4 dysplastic polyps had been resected 1 month before presentation. Induction chemotherapy (with endovenous mitoxantrone, etoposide, and cytarabine) was immediately started.

During the subsequent aplasia, on day 12 after the end of chemotherapy, the patient had fever and abdominal pain, and
his stools became dysenteric and bloody. Ultrasound findings indicated that his liver and spleen were normal. Stool cultures for bacterial pathogens and Clostridium difficile toxin had negative results. Despite the administration of broad-spectrum antibiotics to the patient, the symptoms did not improve.

On day 20, because of persistent diarrhea, a new endoscopic examination of the colon was performed, and the endoscopic pictures showed that the mucosa was edematous and inflamed, with multiple ulcers. A mass that was 4-cm diameter was also present in the ascending colon (Figure 1). Direct microscopic examination and culture of stool samples were performed (Figure 2).

What is your diagnosis?