

E coli meningitis, An unusual initial presentation of colorectal carcinoma

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A 74 years old Chinese elderly male, presented to Emergency department for acute confusion associated with fever and neck stiffness following a fall at home. He is an otherwise well community dwelling elderly, except his hyperlipidaemia on diet control, he has no other significant medical history. On examination, his temperature was 38.1 °C, Glasgow coma scale was E4V4M5, he was hypertonic bilaterally, no unilateral weakness or numbness noted. Also noted fresh blood bleeding per rectal, presumably from piles initially. Otherwise systemic review was unremarkable. MRI brain showed edema of the right temporal lobe with associated adjacent dural enhancement suggestive of right temporal lobe cerebritis with meningitis. Peripheral blood culture was negative. Lumbar puncture was performed and cerebrospinal fluid (CSF) confirmed meningitis with raised white cells. CSF culture grew *Escherichia coli* sensitive to ceftriaxone. Also molecular testing was done via Biofire Film Array and it was positive for *Escherichia coli* K1 strain. Subsequent Computed tomography of thorax, abdomen and pelvis showed rectal wall thickening with extraluminal pocket of gas with low density fluid at left

pararectal region. Flexible sigmoidoscopy was performed later and confirmed near circumferential rectal tumour. Biopsy confirmed invasive adenocarcinoma. He was diagnosed with *Escherichia coli* K1 strain meningoencephalitis due to proctitis from perforated rectal adenocarcinoma. He responded to intravenous ceftriaxone well and underwent surgery for his rectal adenocarcinoma at later date. This case illustrates rare presentation of *E coli* meningitis in adult and also unusual presentation of colorectal carcinoma.

Biography

Choong Tatt Ng has completed his Graduation at the University of Malaya, Malaysia in 2010 and MRCP (UK) in 2016. He is currently a Senior Resident of the Advanced Internal Medicine programme in Singapore (Singhealth).