

A Simultaneous Association between Campylobacter Jejuni Infection, Cytopenias and Colitis

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Received: November 02, 2025; **Accepted:** November 10, 2025; **Published:** November 20, 2025

Background: Campylobacter is the worldwide leading cause of bacterial induced enteritis. It can be linked to postinfectious joint and neurological sequelae, while the association with haematological complications is poorly known.

Case History: A 70-year-old Caucasian man in a precarious socio-hygienic state and without major morbidity was admitted for diarrhea and fever. Laboratory tests showed an increase of CRP and fecal calprotectin, anemia and progressive severe leukopenia. The CT scan and haematological exams were inconclusive, stool culture revealed a Campylobacter jejuni infection. Colonoscopy, rejected at first instance, revealed an endoscopic and histological picture of left colitis. Treatment with macrolides, mesalazine and supportive care resulted in progressive improvement in the clinical and biochemical status.

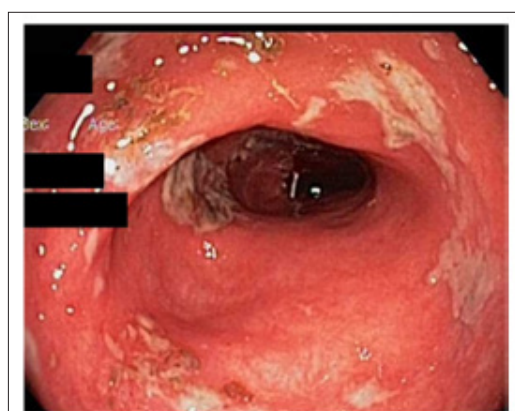


Figure 1: Colonoscopy Demonstrated Areas of Non-Bleeding Mucosal Ulceration Which Can be Consistent with Infectious Colitis.

Discussion: The common enteric pathogen Campylobacter jejuni may contribute to the breach in intestinal barrier function and it prime the intestine for chronic inflammatory responses and activation of mTOR signaling in susceptible individuals [1]. However, its association with severe cytopenias has not been described in the literature. This further condition may be favored by a bone marrow blockage and activation of T cell mechanisms. Acute C. jejuni infections should be added to the differential diagnosis of acute febrile illnesses that may be associated with colitis and cytopenias [2].

References

1. Xiaolun Sun, Deborah Threadgill, Christian Jobin (2012) Campylobacter jejuni Induces Colitis through Activation of Mammalian Target of Rapamycin Signaling. Gastroenterology 142: 86-95.
2. Schattner A (2013) Campylobacter Jejuni and Cytopenias. Am J Med 126: 1020-1021.

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