A 65-year-old woman presents with 3 weeks history of diarrhea that was persistent. Has nocturnal symptoms. Stool pathogen studies including C.diff were negative. No use of antibiotics, no history of travel. In view of nocturnal symptoms and persistent diarrhea a colonoscopy was performed which showed loss of normal vascular pattern in the colon. Random colon biopsies were performed, and biopsies showed non caseating granulomas favoring Yersinia enterocolitica. Treatment options are:

A. Supportive care
B. Trimethoprim- Sulfamethoxazole for 2 weeks
C. Fluoroquinolones for 2 weeks
D. Steroids

**Answer: A**

**Rationale:** Supportive care. Antibiotics have not shown to reduce the duration of symptoms. Antibiotics are recommended in septicemia. Ceftriaxone or quinolones can be used.


---

**2/17/2020**

A 65-year-old woman presents with 3 weeks history of diarrhea that was persistent. Has nocturnal symptoms. Stool pathogen studies including C.diff were negative. No use of antibiotics, no history of travel. In view of nocturnal symptoms and persistent diarrhea a colonoscopy was performed which showed loss of normal vascular pattern in the colon. Random colon biopsies were performed, and biopsies showed non caseating granulomas favoring Yersinia enterocolitis. Treatment options are:

A. Supportive care
B. Trimethoprim- Sulfamethoxazole for 2 weeks
C. Fluoroquinolones for 2 weeks
D. Steroids

**Answer: A**

**Rationale:** Supportive care. Antibiotics have not shown to reduce the duration of symptoms. Antibiotics are recommended in septicemia. Ceftriaxone or quinolones can be used.