

**Table II. Differential diagnoses**

Disease	Characteristics	Notes
Crohn's disease	Presenting symptoms can include diarrhea (with or without blood), fever, weight loss, fatigue and abdominal pain	History, chronicity of symptoms, and colonoscopic exam with biopsy may differentiate the disorders. Crohn's disease usually has a chronic disease presentation. Imaging with small bowel series or CT enterography might indicate inflammation, strictures, or fistulae in small bowel in Crohn's disease but not in ischemic colitis. Distribution of disease will likely be different between IC and Crohn's disease (Crohn's disease favoring terminal ileum and right colon). On a macroscopic visual inspection via colonoscopy, Crohn's disease might be confused with ischemic colitis but biopsy of affected regions of patients with Crohn's will show crypt distortion (branching) and both acute and chronic inflammatory cells in the lamina propria. Patients with Crohn's disease are at increased risk of perianal disease or extraintestinal manifestations
Ulcerative colitis	Presenting symptoms include bloody diarrhea, abdominal pain, and weight loss	Colonoscopy with biopsy and chronicity of symptoms will help differentiate the disorders. Ulcerative colitis typically has a long, insidious onset; colonoscopy demonstrates continuous inflammation from the rectum proximally. Biopsy might confirm the chronic and continuous nature of inflammation in ulcerative colitis
Bacterial colitis	Acute presentation with fever, abdominal pain, and bloody diarrhea	A history of recent travel and food intake that might be associated with food poisoning is useful. These infections are usually acute and self limited. Possible bacterial infectious etiologies include: Salmonella, Shigella, Campylobacter, <i>Yersinia</i> and <i>E. coli O157:H7</i> . <i>C. difficile</i> infection is less likely with bloody diarrhea, but should be considered. Diagnosis is made by performing a stool culture. Colonic biopsy would show an acute inflammatory reaction in infectious colitis
Amebic colitis	Acute onset of diarrhea (with or without blood), bloating and abdominal pain. Pain may localize to RUQ if associated with hepatic abscess	A history of recent travel to third world countries and drinking untreated water would favor this diagnosis. Stool ova and parasite can isolate <i>E. histolytica</i> . A stool ELISA or serological analysis of serum also will aid in diagnosis
Immunocompromised patient with colitis	Acute onset of bloody diarrhea accompanied by fever and abdominal pain	Cytomegalovirus (CMV) is the most common etiology, although MAC also should be considered. CMV can be diagnosed by colonoscopic examination with biopsy showing intranuclear and intracytoplasmic

		inclusions
Colonic adenocarcinoma	Might present asymptotically; Distal lesions might present with changes in stool form or bleeding; Right sided lesions might present with iron deficiency anemia; Any region of the colon might present with bloody bowel movements, weight loss and constipation	CT scan or colonoscopy with biopsy might differentiate malignancy from ischemia. A small percentage of patients presenting with colonic ischemia (<5%) might have a distal obstructing carcinoma in the colon (PMID:365467)
Radiation colitis	Presenting symptoms include tenesmus, mucoid rectal discharge, diarrhea and rectal bleeding	Disorder commonly resulting from radiation treatment to the pelvis causing injury to the sigmoid colon and rectum