most common are anemia, thrombocytope-nia, hypertension, diabetes, leukemia, HIV infection, fungemia, bacteremia, and subacute bacterial endocarditis.\textsuperscript{1,2} In the last setting, these hemorrhages are often referred to as Roth spots. Patients who present with white-centered retinal hemorrhages require a prompt comprehensive evaluation to determine the cause.

At follow-up 2 months later, visual acuity remained 20/25 and 20/20 in the right and left eye, respectively, and the patient was asymptomatic with complete resolution of the hemorrhages and endophthalmitis.

REFERENCES:
\textsuperscript{1.} Falcone PM, Larrison WI. Roth spots seen on ophthalmoscopy: diseases with which they may be associated. \textit{Conn Med.} 1995;59(5):271-273.

None of the authors have any proprietary interest in any aspect of this manuscript.

\section*{Fulminant Pseudomembranous Colitis}

\textsc{Virendra Parikh, MD}
Fort Wayne, Indiana

A 45-year-old woman sustained a fracture of her femur that required operative fixation. She was given intravenous clindamycin for prophylaxis. One week later, she reported diarrhea and abdominal cramping. She had a low-grade fever, and her white blood cell (WBC) count was 13,000/µL. Abdominal radiographs showed evidence of paralytic ileus. Stool studies were positive for \textit{Clostridium difficile} cytotoxin. Intravenous metronidazole and hydration were started.

During the next 48 hours, the patient’s abdomen became progressively more tense and distended, and high fever developed. Oral vancomycin was added to the regimen. Abdominal radiographs showed extensive colonic distension. Her WBC count rose to 31,000/µL, and toxic megacolon developed.

Emergency surgery revealed a massively distended colon with severe inflammation. Total abdominal colectomy with ileostomy was performed. The photograph shows the severely swollen mucosa of the colon and multiple yellowish plaques of pseudomembrane. The patient recovered over the next 10 days.

Pseudomembranous colitis can occur during or after the use of any antibiotic. Most commonly, this disease is relatively mild and is treated effectively with oral metronidazole. In some patients, however, it runs a very aggressive and fulminant course and may require emergent surgery to prevent perforation of the colon and ensuing peritonitis. Serial clinical evaluations and a high suspicion of this disease are warranted.

(Continued on page 584.)