Gigantic evidence for a microscopic disease

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An 81-year-old female presented with a history of recurring intermittent diarrhoea and weight loss over a 2-month period. Her haemoglobin was 111 g/L, mean cell volume 86 and ferritin 35 mcg/L.

Medications included: accupril, simvastatin, oxazepam, aspirin, metoprolol and cholecalciferol once monthly. Both the aspirin and simvastatin were started in 2009 following an acute coronary syndrome that was treated medically. An echocardiogram had shown preserved left ventricular function.

Her past history was otherwise unremarkable, with no previous abdominal surgery or previous colonoscopy and no admissions for abdominal pain or colitis.

A colonoscopy was performed which demonstrated a long linear scar in the transverse colon (Figure 1). Mucosal biopsies were taken for histological examination.

Figure 1. Linear scar in the transverse colon

When reviewed in clinic, her diarrhoea was mild, with 1–2 bowel motions daily. Biopsies demonstrated evidence of collagenous colitis with a thickened and abnormal subepithelial collagen plate (Figure 2).

Given her mild symptoms, she was commenced on loperamide as required and she continued on her previous medications unchanged.
Discussion

Microscopic colitis refers to two relatively rare inflammatory conditions affecting the colon, collagenous colitis and lymphocytic colitis. Both conditions present with chronic watery diarrhoea, which can be sudden or gradual in onset. Collagenous colitis is named due to a thick subepithelial collagenous deposit that can be seen on histology.\(^1\)

While the pathogenesis of collagenous colitis is unclear, it is more common in middle-aged females, patients with celiac disease and has a peak incidence at 65 years.\(^2,3\) It is frequently associated with medications such as NSAIDs, aspirin, simvastatin and proton pump inhibitors.\(^4,5\)

Typically, endoscopic findings are normal, but rarely patchy erythema, mucosal tears or linear scars have been noted, especially in relation to lanosoprazole.\(^6,7\) Colonic mucosal tears have been reported during colonoscopy in a small number of patients with collagenous colitis and it has been hypothesised that spontaneous tears could be a cause of the linear scar.\(^7\)

In patients with collagenous colitis, symptoms often improve with the cessation of the offending medications. In our patient, as her symptoms were very mild, no change to her treatment was made.

While linear mucosal defects in the colon are uncommon, they have a known association with collagenous colitis, reinforcing the need to take biopsies for diagnosis.

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