Collagenous colitis with mucosal tears on endoscopic insufflation: a unique presentation

Collagenous colitis (CC) is a clinicopathological syndrome of indeterminate aetiology, characterised by: (1) chronic watery diarrhoea and crampy abdominal pain and (2) thickened subepithelial collagen table and increased intraepithelial lymphocytes on histology. Gastrointestinal, radiographic, and endoscopic examinations are not diagnostic of CC. Endoscopically, the colorectal mucosa is usually normal, although some non-specific findings such as erythema or oedema have been reported in up to one third of cases.

PATIENTS AND METHODS

The endoscopic reports and medical records of each patient were reviewed, including prior colonoscopic examination reports. Two pathologists (MT, JHY) reviewed the patients’ colorectal mucosal biopsies.

RESULTS

Three patients (two females aged 73 and 61 years; one male aged 62 years) were referred for evaluation of watery non-bloody diarrhoea (3–6/day) of 4–6 weeks’ duration. All patients had their colonoscopy performed after standard bowel preparation (polyethylene glycol) and sedation (midazolam and meperidine). As the colonoscope was introduced and stretched of the mucosa and subsequent tearing. All three patients in our series presented with lacerations on the right colon where collagen deposits have been reported to be thickest.

Although the most common endoscopic finding in CC is normal mucosa, macroscopic lesions on endoscopy may be noted during colonic examination. In particular, the endoscopic finding of haemorrhagic lacerations in the right and transverse colon on insufflation should suggest a diagnosis of CC.

ACKNOWLEDGEMENTS

Supported by NIH Training Grant 2T32 DK07632-11 (MCC), NIH grant CA 53801, NIH Training Grant 2T32 DK07632-11, and 5PS0 CA62924 (FMG).

M Cruz-Correa, F Milligan, F M Giardiello, T M Bayless, Department of Medicine, Johns Hopkins University School of Medicine, Meyerhoff Digestive Disease IBD Center, Baltimore, Maryland, USA

M Torbenson, J H Yardley, Department of Pathology, Johns Hopkins University School of Medicine, Meyerhoff Digestive Disease IBD Center, Baltimore, Maryland, USA

Frank W Jackson, F Wilson Jackson, Jackson Gastroenterology, Camp Hill, Pennsylvania, USA

Correspondence to: M Cruz-Correa, 413 Blalock, 600 North Wolfe Street, Johns Hopkins Hospital, Baltimore, Maryland 21287, USA; macruzco@jhsph.edu.

REFERENCES

Collagenous colitis with mucosal tears on endoscopic insufflation: a unique presentation

M Cruz-Correa, F Milligan, F M Giardiello, T M Bayless, M Torbenson, J H Yardley, Frank W Jackson and F Wilson Jackson

_Gut_ 2002 51: 600
doi: 10.1136/gut.51.4.600

Updated information and services can be found at:
http://gut.bmj.com/content/51/4/600

_These include:_

References
This article cites 4 articles, 1 of which you can access for free at:
http://gut.bmj.com/content/51/4/600#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Diarrhoea (663)
Drugs: gastrointestinal system (207)
Clostridium difficile (68)
Colon cancer (1547)
Endoscopy (1003)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/