# Correspondence

## Collagenous colitis in Greece

SIR,—We read with great interest the studies of Kingham *et al (Gut* 1986; **27:** 570 – 77) and Palmer *et al (Gut* 1986; **27:** 578–80) concerning 10 cases of the socalled collagenous colitis. On July 1986 we had the opportunity to diagnose the first case of collagenous colitis in Greece.

The patient, a 54 year old woman, was first seen in July 1985, because of 18 month history of fluctuating, profuse watery diarrhoea. At its most severe the diarrhoea occurred more than 10 times daily and was associated with urgency and colicky lower abdominal pain. Neither blood nor mucus was noted in the stools. Physical examination was normal and sigmoidoscopy up to 18cm showed a hyperaemic mucosa but nothing more. Routine laboratory tests were normal and the stool cultures and search for parasitic diseases were negative. A barium enema disclosed no abnormality. The patient was given antidiarrhoeal agents and the bowel habits returned to normal. She was seen again six months later. She told us that she had experienced two or three attacks of severe diarrhoea of several day's duration, selflimited or controlled by usual antidiarrhoeal agents. A sigmoidoscopy was done again and the mucosa appeared macroscopically normal.

The patient was admitted to the hospital on July 1986 because of low back pain and arthralgias especially affecting the joints of knees and shoulders. There was no diarrhoea. Physical examination was normal; blood tests disclosed a normochromic, normocytic anaemia (Hb 11·2g%) and ESR was 36 mm/h. On x-ray examination some evidence of unilateral sacroilitis was found. Barium meal and follow through as well as barium enema disclosed no abnormality. A limited colonoscopy (flexible sigmoidoscope) was carried out; a small adenomatous polyp was removed and, though the mucosa appeared macroscopically normal, multiple biopsies were taken off and, to our surprise, marked thickening of the subepithelial collagen plate (roughly estimated greater than 25μ) was found. This picture was compatible with that of colagenous colitis. Laboratory investigation for rheumatic or collagen vascular disease was negative, but HLA determination disclose the presence of A3 and Bw 35 antigens. The patient was given prednisolone 30 mg daily and three months later is on a maintenance dose of 5 mg daily and feels perfectly well. Blood tests showed a Hb of 12 g% and an ESR of 15 mm/h.

We agree with Kingham *et al* that there is evidence which suggests that collagenous colitis is more common than generally believed. Indeed, one of us (AD) studied retrospectively the incidence of subepithelial collagenous deposit in rectal biopsies of 155 patients suffering from various diseases.[1] Subepithelial collagenous deposit was found in 37 cases (23·9%). A slightly thick collagen band—that is, plate width roughly estimated between 10–15μ—was found in nine patients (5·8%) however (four with irritable bowel syndrome, two with cancer of the colon, two with ulcerative colitis and one with dolichocolon). This finding is keeping well with that of Gledhill and Cole[2]. In another patient with cancer of the colon the plate was wider than 20μ. It is interesting that in a separate group of 13 patients with chronic renal failure examined by the same people[1], a mild thickening of the collagenous plate was observed in six, while a collagenous band comparable with the diagnosis of collagenous colitis was found in one patient. She was a 70 year old lady with a six year history of renal failure, who was sigmoidoscoped because of fluctuating profuse watery diarrhoea of 10 months' duration. Based on this last observation we would suggest that chronic renal failure might be one of the aetiological factors of collagenous colitis.

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### References

1 Papadimitriou-Karapanou K, Delladetsima A, Trigidou R, Pratsika-Ugurloglou K. Superficial collagenous sclerosis of the colonic mucosa. *Arch Med Soc (Greece)*, 1983; **9:** 272–5.
2 Gledhill A, Cole FM. Significance of basement membrane thickening in the human colon. *Gut* 1984; **25:** 1085–8.

# Books

**Cancer of the exocrine pancreas: from oncogenes to unrespectable tumors. Frontiers of gastrointestinal research. Vol 12.** Edited by J P Delmont. (Pp. 305; illustrated; £97·70) Basel, Switzerland: Karger, 1986.

It is difficult to define, or divine, the purpose of this book. Some topics certainly relate to *Frontiers of gastrointestinal research* – of which this volume,

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