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GASTROENTEROLOGY AND HEPATOLOGY

MICROSCOPIC COLITIS

Microscopic colitis is an inflammation of the colon, or large intestine, that occurs sporadically and is of unknown cause. It is called "microscopic" colitis because the appearance of the lining of the colon on endoscopic examination is typically normal, with the majority of abnormalities seen only under the microscope, by the pathologist examining the biopsy tissue. It tends to be a "self-limited" condition, lasting a number of months. The two types of microscopic colitis are "collagenous colitis" and "lymphocytic colitis", referring to the particular microscopic findings.

The colon's normal function of reabsorbing water and electrolytes from the liquid waste coming from the small intestine, is interfered with because of the inflammation. The resulting symptoms are diarrhea, usually watery, without blood, occasionally cramps, and rarely fever.

Collagenous colitis is characterized under the microscope by a larger than normal band of connective tissue underlying the superficial layer of colon lining. This band of collagen may vary in thickness. There is also an increase in inflammatory cells in this superficial layer. Lymphocytic colitis is characterized by an increased number of similar inflammatory cells without the increase in the collagen layer. The microscopic findings in these two forms of colitis often show overlap, and some feel these two conditions are the same in different stages.

The cause is unknown. Some patients present after an infection and treatment with antibiotics. It may be that the body's immune system does not turn off appropriately after such an insult. There may be an infectious agent responsible, but this is merely speculation.

The treatment is typically anti-inflammatory medications, similar to the treatment for another type of intestinal inflammation called Ulcerative colitis or Crohn's Colitis. Salicylates are anti-inflammatory medications that are taken by mouth and not absorbed, being released in the lower small intestine and colon to provide a direct anti-inflammatory effect. There are several 5-Aminosalicylic Acid preparations used, including Asacol, Colazal and Pentasa. They have different carriers to allow them to reach the colon, but they are of similar effectiveness. As the absorption is minimal and there is no significant systemic effect, there are very few if any side effects. There efficacy is, however, limited. Budesonide, or Entocort, is a corticosteroid that is eliminated by the liver almost immediately, and thus has few side effects, but greater efficacy in treating these colitis conditions. If these agents are not effective, a corticosteroid that is well absorbed and active ssystemically can be used, such as Prednisone. This is a much more potent steroid, but also has significant side effects when used in high doses for long periods of time. It is thus reserved for patients who need the extra anti-inflammatory "punch" of this agent. Prednisone is a "good friend" when needed, but is used sparingly.

Lifestyle changes may be helpful including the avoidance of caffeine, lactose, and non steroidal anti-inflammatory (NSAIDS) drugs, such as Advil and aspirin. Anti-diarrheal agents including Imodium, Lomotil or Paregoric can be used.