Case Presentation

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Consultant General and Colorectal Surgeon

- 48 yrs Female ; very fit ; international competitor
- September 2013
- 3 years hx of diarrhoea intermittently
- Initially blood tests ; uss; colonoscopy all normal (2011)
- Diagnosed as Irritable Bowel Syndrome + stress
- Rx low fibre diet; Prothiaden
- Reasonably well x 1 year

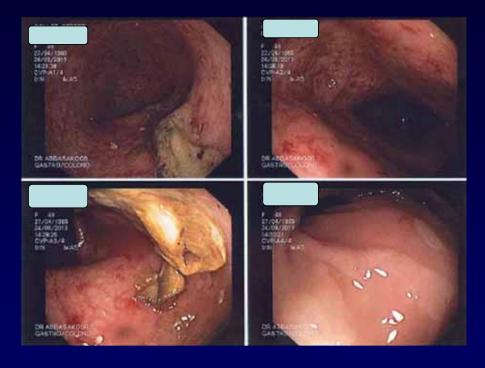
- 2 years ago ; symptoms flare up again
- Tried same strategy as 2011 no improvement
- Explosive diarrhoea; watery; no blood
- Occasional incontinence ; weight loss
- July 2013 amoxycillin by dentist
- Exacerbation of symptoms

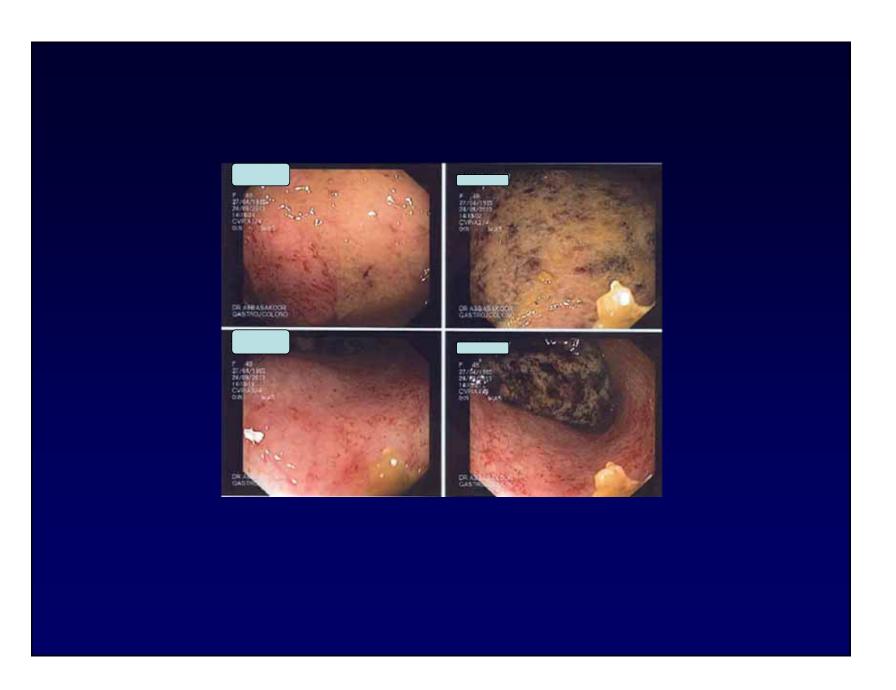
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- Resuscitated Urgent colonoscopy

Endoscopy pics





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- Biopsy results = <u>Collagenous colitis</u>

Collagenous Colitis

- First described by Lindstrom 1976 often omitted from surgical texts
- Originally considered rare but now becoming increasingly recognised in elderly women
- Mean age 57yrs but reported in children and elderly
- Female: male 9:1
- Variable course of remissions and relapse
- Watery diarrhoea; weight loss and mucus
- Bleeding rare

Investigations

- Colonoscopy and barium enema usually normal
- Biopsies diagnostic and distinguish from irritable bowel syndrome

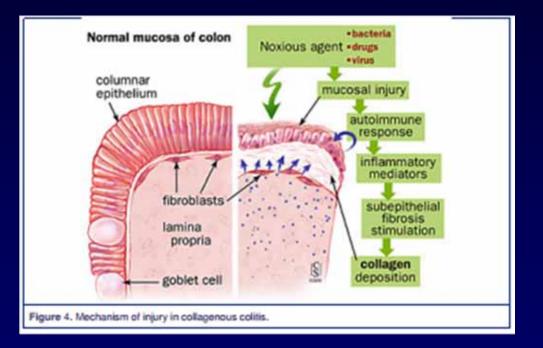
Association

- Discoid Lupus
- Rheumatoid arthritis
- Pulmonary fibrosis
- Ileal carcinoids
- Scleroderma
- Raynaud's
- Hodgkin's lymphoma

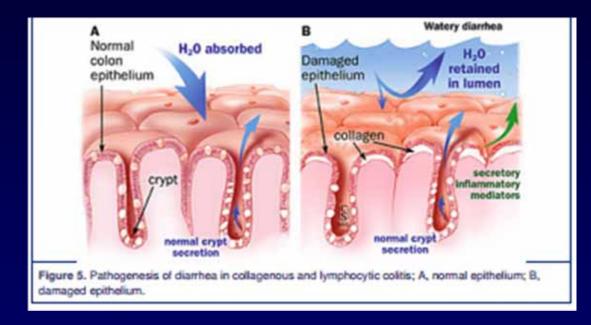
Histopathology

- Thick subepithelial collagen layer on biopsy defining feature
- 10 micron thick
- Immunohistochemistry Collagen type 3 and 1

Pathogenesis



Pathogenesis



Treatment

- •Limited world wide experience and lack of data
- Along same lines as Ulcerative colitis
- Sulphasalazine and mesalazine and olsalazine 40-59%
- Prednisolone 82% but high doses
- Antibacterial Bismuth subsalicylate (Pepto-Bismol)
- Azathioprine

Evolution

- Follows chronic continuous course
- Can be socially disabling
- No obvious malignant potential to date
- Surgery not normally advised
- Small bowel villous atrophy

