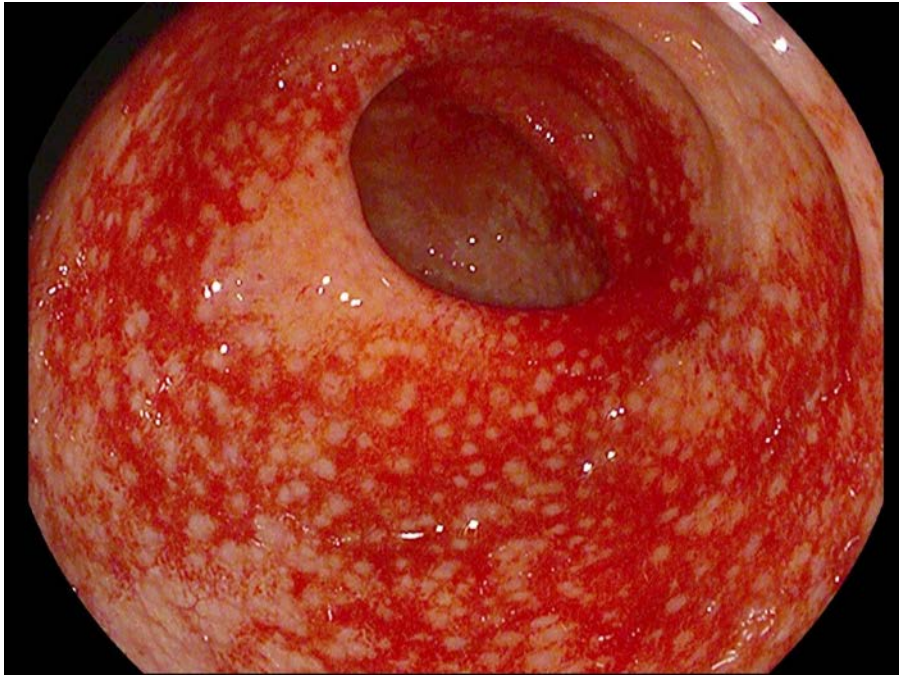


Question 37 – April 23

A 56 year old patient undergoes a flexible sigmoidoscopy for mucus in the stool. She has a history of a diverting colectomy for perforated diverticulitis six weeks prior. You notice this on flexible sigmoidoscopy:



Biopsies reveal large lymphoid aggregates with crypt distortion and marked chronic inflammation of the lamina propria. What is the best next step in therapy?

- A. Check hepatitis B and TB status to initiate anti-tumor necrosis factor therapy.
- B. Initiate vedolizumab after a course of oral prednisone.
- C. Refer back to surgery for reanastomosis surgery.
- D. Initiate oral mesalamine along with mesalamine enemas.
- E. Initiate ustekinumab intravenously followed by subcutaneous injections.

Answer: C

Diversion colitis can mimic ulcerative colitis from endoscopic and pathology findings. Treatment is with short-chain fatty acid enemas and reanastomosis surgery

Reference

Archives of Pathology & Laboratory Medicine 2012 136:8, 854-864.