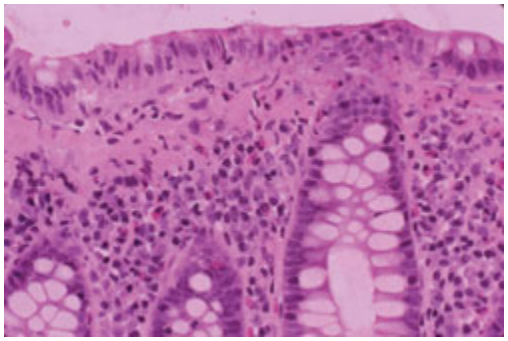
Question 15 – Week of May 26

A 65-year-old female presents for evaluation of six months of watery diarrhea. Symptoms began insidiously with no obvious precipitant such as change in diet, foreign travel, new medications, exposure to antibiotics, or exposure to sick contacts. She has no symptoms of steatorrhea or GI bleeding. She has mild crampy abdominal pain and 10-15 BMs/day but no weight loss, fevers, chills, or sweats. Blood work is normal and stool studies show no pathologic infectious organisms or leukocytes. Colonoscopy showed no polyps or cancer and no evidence for colitis. Random mucosal biopsies are obtained [FIGURE]. Diarrhea has not responded to loperamide up to 16 mg/day or mesalamine 4.8 g/day, each given for six weeks. What is the appropriate next step?



A. High-dose loperamide (up to 32 mg/day)
B. Bismuth subsalicylate (eight tablets/day)
C. Sulfasalazine (4 g/day)
D. Budesonide (9 mg/day)
E. Prednisone (40 mg/day)

Answer: B

This patient has microscopic colitis. Uncontrolled case series have suggested that mesalamine works in only a minority of patients with microscopic colitis, and sulfasalazine appears to be no better. This patient did not improve on 16 mg of loperamide/day, and there is little evidence that increasing the dose further would lead to any benefit. Furthermore, higher doses of loperamide run the risk of anti-cholinergic side effects. Bismuth subsalicylate is one of the few therapies shown to be effective in a controlled trial for microscopic colitis, with 60-70% of patients improving after eight weeks. In fact, many patients who respond to bismuth subsalicylate will have prolonged remissions after the medication has been stopped. Budesonide is the best studied medication in collagenous colitis and is highly effective. However, many patients relapse after budesonide is stopped, and therefore, bismuth subsalicylate should be used prior to budesonide. Finally, prednisone also appears to be very effective in uncontrolled reports in collagenous colitis. However, this also has a high-risk of recurrence after discontinuation and the side effects from prednisone are likely to be more significant than with budesonide.

References:

1. Pardi DS. Microscopic colitis: An update. Inflamm Bowel Dis 2004;10:860-70.
2. Chande N, McDonald JWD, McDonald JK. Interventions for treating collagenous colitis: A Cochrane IBD group systematic review of randomized trials. Am J Gastroenterol 2004;99:2459-65.