Abstract

Purpose: To look at the prevalence of microscopic colitis (MC) in patients aged older than 50 years with chronic non-bloody diarrhea.

Methods: We performed a retrospective chart review of patients aged older than 50 years who underwent colonoscopy for chronic diarrhea between January 2001 and April 2013. Patients with normal colonic mucosa on colonoscopy and negative stool studies (for Clostridium difficile, cultures, and ova/parasites) were included in the study. Patients with history of inflammatory bowel disease were excluded. All patients had mucosal biopsies from random colonic segments.

Results: A total of 232 patients were included in the study. Twenty five (11%) patients had evidence of microscopic colitis. Among these, 11 (5%) had collagenous colitis (CC), nine (4%) had lymphocytic colitis (LC), one (0.5%) had evidence of both LC and CC, and four (2%) had evidence of microscopic colitis that was not further classified. One (0.5%) patient had microscopic ileitis. Of the 11 patients with CC, nine were female and two male, with a mean age of 62y. Among the nine patients with LC, eight were female and one male, with a mean age of 70y.

Conclusion: Our study shows that CC was slightly more common than LC. Prevalence was higher in females.

Background

- Microscopic colitis (MC) is a relatively recent term used for a group of gastrointestinal diseases where chronic watery diarrhea is the leading symptom.
- Over the last years the incidence and the prevalence of microscopic colitis are rising. This is likely because of an increased awareness of the entity with more colonic biopsies being performed.
- The goal of our study is to look for the prevalence of MC in patients older than 50 years with chronic diarrhea.

Methods

- Retrospective chart review of patients aged older than 50 years who underwent colonoscopy for chronic diarrhea between January 2001 and April 2013 was performed..
- Patients with normal colonic mucosa on colonoscopy, negative stool studies including Clostridium difficile stool cultures, and ova/parasites were included in the study.
- Patients with history of inflammatory bowel disease were excluded.
- All the patients had mucosal biopsies from random colonic segments.

<table>
<thead>
<tr>
<th>Biopsy</th>
<th>Number of patients (%)</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collagenous colitis (CC)</td>
<td>11 (5%)</td>
<td>2 (18%)</td>
<td>9 (82%)</td>
</tr>
<tr>
<td>Both LC and CC</td>
<td>1 (0.5%)</td>
<td>x</td>
<td>1</td>
</tr>
<tr>
<td>Microscopic colitis, not further classified</td>
<td>4 (2%)</td>
<td>1 (25%)</td>
<td>3 (75%)</td>
</tr>
<tr>
<td>Microscopic ileitis</td>
<td>1 (0.5%)</td>
<td>1</td>
<td>x</td>
</tr>
<tr>
<td>Normal</td>
<td>206 (88%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

- Our study shows that CC was slightly more common than LC. Prevalence was higher in females.
- Microscopic colitis is a fairly uncommon entity whose incidence is on the rise. Our data reveals a high prevalence (11%) in older individuals with chronic non-bloody diarrhea. Hence, a biopsy is warranted in these patients despite a normal appearing colonic mucosa on endoscopy.
- Treatment is effective with budesonide; however, other steroid sparing options are available. Based on symptom severity, a stepwise approach to the treatment is suggested.

References