



Teatro de Colon - Argentina

PIC QUESTION OF THE WEEK: 8/03/09

Q: What is the treatment of choice for collagenous colitis?

A: Collagenous colitis (CC) is a gastrointestinal disorder characterized by frequent daily episodes (usually from 4-10 per day) of watery, non-bloody diarrhea, cramps, nausea, and weight loss. CC and lymphocytic colitis (LC) are the two most common forms of *microscopic colitis* (MC). LC is identified by the presence of intraepithelial lymphocytes while CC is associated with thick subepithelial *collagen* bands, thus the name *collagenous colitis*. As opposed to common forms of inflammatory bowel disease such as ulcerative colitis and Crohn's disease, the mucosa of patients with CC or LC appears normal based on colonoscopy and radiologic examination. Diagnosis of both disorders must be confirmed through biopsy and histologic findings. CC may be localized to small segments or extended through large portions of the colon. There are also rare cases of what has been described as collagenous *gastritis*. The incidence rate for CC has been estimated at 5.5 cases/100,000 person-years. CC is a rather newly defined condition with only ~ 100 related citations in the MedLine database. Almost all of the references were published after 2004. As with most gastrointestinal disorders of this type, CC is associated with frequent remissions and exacerbations throughout an often prolonged course of disease. Although there is some evidence to suggest CC is an auto-immune process, further study is necessary to identify its pathophysiologic basis. Many drugs have been used for the treatment and prevention of relapses in CC. These include therapies such as bismuth subsalicylate, antimicrobials, cholestyramine, mesalamine, immunosuppressives (e.g. azathioprine and methotrexate), probiotics, and topical and systemic corticosteroids. Budesonide is now considered the agent of choice for CC and its efficacy is supported by a number of high quality clinical trials. Daily dosage has ranged from 6-9 mg. In placebo-controlled trials, clinical remission has been observed in ~85% of patients treated with the drug versus only 40% in the placebo group. A recent study revealed that ~75% of patients treated with budesonide continued to be in remission at 24 weeks compared to only 12% in the placebo arm. Limited systemic toxicity is a positive attribute of budesonide, although rare cases of systemic effects have been reported. Unfortunately, most patients with the disease will have recurrence of diarrheal episodes when maintenance therapy is discontinued. Collagenous colitis is now being diagnosed at an increasing rate and additional trials are necessary to identify alternative forms of therapy.

References:

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