

UNDER THE MICROSCOPE

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Microscopic Colitis

Microscopic colitis is a type of chronic inflammation of the colon, which is characterized clinically by chronic watery diarrhea and abdominal cramping. It usually occurs in middle-aged patients and has a female preponderance. The reason why it is called microscopic is the inflammation is too little to see with the naked eye endoscopically. The only way to make the diagnosis is to take a sample of colon tissue and check it under a microscope.

There are two types of microscopic colitis: collagenous colitis and lymphocytic colitis. The tissues of the two types of microscopic colitis look different under a microscope. However, the symptoms and treatments are similar or the same. Lymphocytic colitis is characterized by an intraepithelial lymphocytic infiltrate (>20 per high power field), while collagenous colitis is characterized by a colonic subepithelial collagen band >10 micrometers in thickness and mildly increased intraepithelial lymphocytes.

Microscopic colitis is not related to the more serious types of inflammatory bowel disease, meaning ulcerative colitis or Crohn's disease. Based on the current clinical data, not like ulcerative colitis or Crohn's disease, microscopic colitis does not raise the risk of cancer.

Symptoms of microscopic colitis. The symptoms of microscopic colitis include: watery (but not bloody) diarrhea that may last weeks to months (usually more than three months), abdominal cramps and/or pain, bloating, and sometimes can lead to dehydration.

Microscopic colitis causes. The reason for microscopic colitis is unclear. Multiple factor models are favored which include autoimmune disease, bacteria or viral infections, toxins or medications, smoking, or malfunction of the digestion and absorption system. Anyone can get microscopic colitis. It's more common in women and in people 45 or older. Microscopic colitis may also run in families, indicating genetic factor involvement.

Treatment for Microscopic Colitis. Sometimes, microscopic colitis goes away on its own. Most patients need treatment. First of all, avoid food or drinks that could make symptoms worse, like caffeine, dairy, and fatty foods; take fiber supplements; and or to stop taking medication that could trigger symptoms. If these efforts do not work, over-the-counter drugs to stop diarrhea, such as Imodium and Pepto-Bismol or prescription drugs to reduce swelling, such as mesalamine (Asacol, Colazal, Pentasa, and others), sulfasalazine (Azulfidine), or steroids can help. If these treatments don't have effect, medications to suppress the immune system, such as Imuran (azathioprine) may be needed. Surgery for microscopic colitis is an option, but very few people ever need it. For most people with microscopic colitis, treatment generally works well. Some people have relapses after stopping treatment.

Possible new entity. Recently, a disease called **mastocytic enterocolitis** was described. It is a chronic, intractable diarrhea in people with normal colon or duodenal biopsy results, but with an increased number of mast cells in the colonic mucosa. To make this diagnosis, one has to make sure the increase in mast cells is not associated with systemic or cutaneous mastocytosis. It is unclear whether the accumulation of mast cells is a response to, or cause of, the mucosal inflammation that causes the symptoms of the condition. Most individuals with this condition respond well to drugs affecting mast cell function, such as H1/H2 antihistamines.

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