Collagenous Colitis Associated with Protein-losing Enteropathy

Yuichiro Nakaya¹, Sawako Kaku Hosokawa¹, Yuki Kataoka¹ and Satoru Kitamura²

Key words: collagenous colitis, protein losing enteropathy, acute onset, aspirin, lansoprazole

(DOI: 10.2169/internalmedicine.54.5284)

An 82-year old woman was admitted with a one-week history of nausea, appetite loss and diarrhea. The medications that she had been taking included aspirin and lansoprazole. On examination, a bilateral pitting edema was observed in the lower extremities. Serum albumin level was 1.6 g/dL, but there was no proteinuria, liver dysfunction, or any sign of hypermetabolism. Protein leakage from the small intestine and colon was suspected. This suspicion was

¹Department of Respiratory Medicine, Hyogo Prefectural Amagasaki Hospital, Japan and ²Department of Gastroenterology, Hyogo Prefectural Amagasaki Hospital, Japan
Received for publication March 22, 2015; Accepted for publication March 31, 2015
Correspondence to Dr. Yuichiro Nakaya, nakayan.643@gmail.com
confirmed by $^{99m}$Tc-human serum albumin scintigraphy (Picture 1). A colonoscopy was performed, revealing diffuse edema throughout the colon (Picture 2). A biopsy of the ascending colon showed subepithelial collagen bands and inflammation of the lamina propria (Picture 3: Hematoxylin and Eosin staining, Picture 4: Masson trichrome staining). The administration of aspirin and lansoprazole was discontinued. After treatment with loperamide, there was an improvement of the patient’s symptoms and serum albumin level. This was a rare presentation of collagenous colitis, with an acute onset and associated protein-losing enteropathy (1, 2).

The authors state that they have no Conflict of Interest (COI).

References


© 2015 The Japanese Society of Internal Medicine
http://www.naika.or.jp/imonline/index.html