Steroid-induced Ischemic Pancolitis

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A 72-year-old male patient with a recent diagnosis of asthma was admitted to the hospital with abdominal pain and bloody stools for three days. The patient was using salmeterol and fluticasone inhaler (two times per day) due to asthma in the last six months, and methyl prednisolone (32 mg/day), which was added to the treatment for asthma three weeks before. On physical examination, the patient had abdominal distension, tenderness and fresh blood on digital rectal examination. There were no parasites in the stool by microscopy, Clostridium difficile toxin A-B was negative, fecal bacterial culture was negative for enteroinvasive bacteria. C-reactive protein level was 10.6 mg/dl (0-0.8), urea 59 mg/dl (10-48.5); all other laboratory tests were normal. The patient underwent colonoscopy, which revealed severe mucosal edema, erythema, areas of submucosal hemorrhage and ulcerations in the colon (Fig. 1). On histological examination, areas of focal ulcerations, a loss of superficial epithelium (black arrow) and ghost of crypts (grey arrows), and a thrombus (white arrows) in the superficial lamina propria capillaries were observed (Fig. 2). Abdominal CT angiography showed a thickening of the bowel wall. The hypercoagulability tests' panel was negative. Methyl prednisolone was considered to be the cause of ischemic colitis. Therefore, the dose of methyl prednisolone was gradually reduced and then suppressed after 10 days. The patient’s complaints improved dramatically after this therapy was stopped. Control abdominal CT showed a normal bowel wall. The patient was discharged 14 days after admission in good health.

The present case is the fourth published case of ischemic colitis, and the second of pancolitis as a complication of steroid treatment. The first case was reported by Yamanishi et al. [1] in an adult patient with progressive systemic sclerosis using steroid pulse therapy. The second one was described by Yanagisawa et al. [2] in a young man with steroid-dependent nephrotic syndrome. Dalbeni et al. [3] reported the third case in a patient with autoimmune hepatitis.

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