Restorative proctocolectomy for collagenous colitis

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J R Soc Med 2000;**93**:261

Collagenous colitis is a rare disease of unknown origin that typically affects women aged 55–60[1]. When medical management fails, surgical treatments have included subtotal colectomy and right hemicolectomy. We have found no previous report of restorative proctocolectomy.

CASE HISTORY

A woman aged 59 had a three-month history of frequent watery diarrhoea and mild abdominal discomfort. Physical examination was unremarkable and stool cultures were negative. Biopsies taken at colonoscopy revealed collagenous colitis. Medical therapy did not improve her symptoms and she lost weight. After 2 years she was referred for consideration of proctocolectomy and ileostomy but refused a permanent stoma. Thus a restorative proctocolectomy was performed (ileoanal pouch procedure) with a temporary ileostomy. Histological examination of the resected specimen showed the subepithelial band of eosinophilic collagen characteristic of collagenous colitis. In addition, inflammatory cells permeated the epithelium, but there was no active cryptitis (Figure 1). The ileocaecal region was disease-free. Closure of the temporary ileostomy three months later was complicated by an anastomotic leak. 3 years later the patient is well and has put on weight. Her bowel frequency is settling and she is satisfied with the result, particularly the absence of a stoma.

COMMENT

Originally described by Lindstrom[2], collagenous colitis is a histological diagnosis; at endoscopy there is no abnormality.

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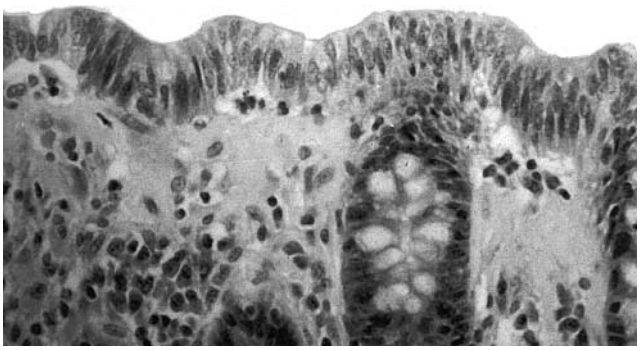

Figure 1 **Colonic resection specimen: thickening of subepithelial collagen layer and infiltration of lamina propria and surface epithelium by inflammatory cells**

The disease is usually confined to the colon but has been known to affect the whole intestine[3]. Despite associations with disorders such as rheumatoid arthritis, CREST syndrome and coeliac disease, and the occasional presence of antireticulin and antineutrophil antibodies[4], an autoimmune aetiology is not certain. When medical treatment fails, the options include subtotal colectomy[5] and right hemicolectomy[6]; interestingly, faecal diversion has resulted in disappearance of the thickened subepithelial collagen layer[7], though symptoms returned in half the patients when the faecal stream was restored[7].

With restorative proctocolectomy, the advantage of avoiding a permanent stoma must be set against a higher risk of short and long term morbidity. Experience in this case indicates that this method deserves consideration in selected patients refractory to medical therapy who wish to avoid a permanent stoma.

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