LETTER TO THE EDITOR

Microscopic colitis and endoscopy

Dear Editor,

I read with great interest the review of microscopic colitis by Van der Wouden *et al* .[1] The authors gave a detailed account of the entity and its treatment based on four cases they had encountered in practice.

Van der Wouden *et al*. mentioned that endoscopic investigations may show 'minimal oedema and a few atypical ulcers of the mucosa'. This is true for more than 80% of patients. The rest present with erythema and ulcers but we should not forget that mucosal fractures or scar-like ridges are becoming more readily recognised nowadays, as the number of reports in the literature has increased since their initial description in 1993.[2,3] Mucosal tears are considered to be the effect of air insufflation-induced barotrauma of a less distensible colon (due to the collagen band deposition).

Both NSAIDs and proton pump inhibitors (more specifically lansoprazole) are associated with microscopic colitis and discontinuation of these medications is highly advised. There is no consensus for discontinuation of statins but in practice all of us will try a trial of withdrawal and re-challenge. It is worth pointing out the connection between microscopic colitis and coeliac disease. As serology for coeliac disease is readily available, it should be excluded in every new case of collagenous/microscopic colitis.

The use of cholestyramine is one more treatment (on the basis of contemplated pathogenetic mechanism) used for moderately severe colitis, while oral low-dose methotrexate has been tried, alongside azathioprine and cyclosporine, in refractory collagenous colitis.[4]

Finally, just to put things right, Linstrom described collagenous colitis; lymphocytic colitis was described by Lazanby *et al*. in 1989.[5]

A. Koulaouzidis
Endoscopy Unit, Royal Infirmary of Edinburgh, Scotland

REFERENCES

1. Van der Wouden EJ, Karrenbeld A, Kleibeuker JH, Dijkstra G. Microscopic colitis: an unfamiliar but treatable disease. Neth J Med. 2009;67:41-5.
2. Couto G, Bispo M, Barreiro P, Monteiro L, Matos L. Unique endoscopy findings in collagenous colitis. Gastrointest Endosc. 2009 Jan 17. [Epub ahead of print]
3. Koulaouzidis A, Henry JA, Saeed AA. Mucosal tears can occur spontaneously in collagenous colitis. Endoscopy. 2006;38:549.
4. Riddell J, Hillman L, Chiragakis L, Clarke A. Collagenous colitis: oral low-dose methotrexate for patients with difficult symptoms: long-term outcomes. J Gastroenterol Hepatol. 2007;22:1589-93.
5. Lazenby AJ, Yardley JH, Giardiello FM, Jessurun J, Bayless TM. Lymphocytic ('microscopic') colitis: a comparative histopathologic study with particular reference to collagenous colitis. Hum Pathol. 1989;20:18-28.