



Microscopic Colitis

What is Microscopic Colitis?

Microscopic colitis is an inflammatory condition of the colon (large intestine) that causes chronic, watery diarrhea. It is called "microscopic" because the inflammation can only be seen when colon tissue is examined under a microscope—the colon typically looks normal during a colonoscopy. There are two main types: lymphocytic colitis and collagenous colitis, which are treated similarly.

Microscopic colitis most commonly affects people over age 60, with an average age of diagnosis between 60-65 years. It is more common in women than men.

What Are the Symptoms?

The main symptom of microscopic colitis is chronic, watery diarrhea without blood. Other common symptoms include:

- Nighttime bowel movements
- Urgent need to have a bowel movement
- Fecal incontinence (loss of bowel control)
- Abdominal pain or cramping
- Weight loss
- Joint pain

The disease course varies—some people have occasional symptoms that come and go, while others experience more persistent symptoms.

What Causes Microscopic Colitis?

The exact cause is not fully understood, but it appears to result from an abnormal immune response in people who are genetically susceptible. Several risk factors have been identified:

Medications that may trigger microscopic colitis include:

- Nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen and aspirin
- Proton pump inhibitors (PPIs) for heartburn

- Selective serotonin reuptake inhibitors (SSRIs) for depression
- Statins for cholesterol

Other risk factors include:

- Older age
- Female sex
- Cigarette smoking
- Autoimmune diseases (such as thyroid disease, rheumatoid arthritis, celiac disease)

What Other Conditions Can Cause Similar Symptoms?

Because the symptoms of microscopic colitis are nonspecific, your doctor will need to rule out other conditions that can cause chronic diarrhea, including:

- Inflammatory bowel diseases (Crohn's disease and ulcerative colitis)
- Irritable bowel syndrome (IBS)
- Celiac disease
- Infectious bowel diseases
- Bile acid malabsorption

How is Microscopic Colitis Diagnosed?

The diagnosis requires a colonoscopy with biopsies. During the procedure, your doctor will:

1. Examine your colon with a camera (which typically appears normal)
2. Take small tissue samples (biopsies) from different parts of your colon
3. Send the biopsies to a pathologist who examines them under a microscope

The diagnosis is confirmed when the pathologist sees characteristic inflammation patterns in the tissue samples. There are no blood tests or other biomarkers that can diagnose microscopic colitis.

Among patients undergoing colonoscopy for chronic diarrhea, 15-30% are diagnosed with microscopic colitis.

How is Microscopic Colitis Treated?

Treatment depends on the severity of your symptoms and is the same for both types of microscopic colitis.

Initial Steps:

- Stop any medications that may be triggering your symptoms (discuss with your doctor first)
- If you smoke, quit smoking

For Mild Symptoms:

Antidiarrheal medications may be sufficient, including:

- Loperamide (Imodium)
- Bismuth subsalicylate (Pepto-Bismol)
- Bile acid sequestrants (cholestyramine)

For Moderate to Severe Symptoms:

Budesonide is the first-line treatment. This is a steroid medication that works primarily in the intestine with minimal effects on the rest of the body.

- Typical dose: 9 mg daily for 6-8 weeks
- Budesonide is highly effective at inducing remission
- Some patients need low-dose maintenance therapy to prevent symptoms from returning

Important medication interactions: If you take budesonide, avoid certain medications that can increase steroid levels in your body, including some antibiotics (macrolides), heart medications (diltiazem, verapamil), antifungal medications, and grapefruit juice.

For Refractory or Recurrent Symptoms:

If symptoms don't respond to budesonide or keep coming back, your doctor may consider:

- Biologic medications (such as vedolizumab or anti-TNF agents)
- Immunosuppressive medications

What is the Long-Term Outlook?

Microscopic colitis is not associated with an increased risk of colon cancer or need for surgery. The goal of treatment is to relieve symptoms and improve your quality of life. While the condition can be chronic, most patients achieve good symptom control with appropriate treatment.

If you continue to have symptoms despite treatment, your doctor may check for other coexisting conditions such as celiac disease or bile acid malabsorption.

References

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