

# Collagenous Colitis and Lymphocytic Colitis

## What are collagenous colitis and lymphocytic colitis?

Inflammatory bowel disease is the general name for diseases that cause inflammation in the intestines, most often referring to Crohn's disease and ulcerative colitis. Collagenous colitis and lymphocytic colitis are two other types of bowel inflammation that affect the colon. The colon is a tube-shaped organ that runs from the first part of the large bowel to the rectum. Solid waste, or stool, moves through the colon to be eliminated. Collagenous colitis and lymphocytic colitis are not related to Crohn's disease or ulcerative colitis, which are more severe forms of inflammatory bowel disease.

Collagenous colitis and lymphocytic colitis are also called microscopic colitis. Microscopic colitis means there is no sign of inflammation on the surface of the colon when viewed with a colonoscopy or flexible sigmoidoscopy two tests that let a doctor look inside your large intestine. Because the inflammation isn't visible, a biopsy is necessary to make a diagnosis. A doctor performs a biopsy by removing a small piece of tissue from the lining of the intestine during a colonoscopy or flexible sigmoidoscopy.

## What are the symptoms?

The symptoms of collagenous colitis and lymphocytic colitis are the same—chronic, watery, non-bloody diarrhea. Abdominal pain or cramps may also be present. People with collagenous colitis and lymphocytic colitis may suffer from ongoing diarrhea while others have times when they are symptom free.

## What causes collagenous colitis and lymphocytic colitis?

Scientists are not sure what causes collagenous colitis or lymphocytic colitis. Bacteria and their toxins, or a virus, may be responsible for causing inflammation and damage to the colon. Some scientists think that collagenous colitis and lymphocytic colitis may result from an autoimmune response, which means that the body's immune system destroys healthy cells for no known reason.

## **Who gets collagenous colitis and lymphocytic colitis?**

Collagenous colitis is most often diagnosed in people between 60 and 80 years of age. However, some cases have been reported in adults younger than 45 years and in children. Collagenous colitis is diagnosed more often in women than men.

People with lymphocytic colitis are also generally diagnosed between 60 and 80 years of age. Both men and women are equally affected.

## **How are they diagnosed?**

Some scientists think that collagenous colitis and lymphocytic colitis are the same disease in different stages. The only way to determine which form of colitis a person has is by performing a biopsy.

A diagnosis of collagenous colitis or lymphocytic colitis is made after tissue samples taken during a colonoscopy or flexible sigmoidoscopy are examined with a microscope.

Collagenous colitis is characterized by a larger-than-normal band of protein called collagen inside the lining of the colon. The thickness of the band varies; so several tissue samples from different areas of the colon may need to be examined.

With lymphocytic colitis, tissue samples show an increase of white blood cells, known as lymphocytes, between the cells that line the colon. The collagen is not affected.

## **Treatment**

Treatment for collagenous colitis and lymphocytic colitis varies depending on the symptoms and severity of the case. The diseases have been known to resolve on their own, although most people suffer from ongoing or occasional diarrhea.

Lifestyle changes are usually tried first. Recommended changes include reducing the amount of fat in the diet, eliminating foods that contain caffeine and lactose, and avoiding over-the-counter pain relievers such as ibuprofen or aspirin.

If lifestyle changes alone are not enough, medications can be used to help control symptoms.

- Treatment usually starts with prescription anti-inflammatory medications, such as mesalamine (Rowasa or Canasa) and sulfasalazine (Azulfidine), in order to reduce swelling.

- Steroids, including budesonide (Entocort) and prednisone are also used to reduce inflammation. Steroids are usually only used to control a sudden attack of diarrhea. Long-term use of steroids is avoided because of side effects such as bone loss and high blood pressure.
- Anti-diarrheal medications such as bismuth subsalicylate (Pepto Bismol), diphenoxylate atropine (Lomotil), and loperamide (Imodium) offer short-term relief.
- Immunosuppressive agents such as azathioprine (Imuran) reduce the inflammation but are rarely needed.

For extreme cases of collagenous colitis and lymphocytic colitis that have not responded to medication, surgery to remove all or part of the colon may be necessary. However, surgery is rarely recommended. Collagenous colitis and lymphocytic colitis do not increase a person's risk of getting colon cancer.

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