Episode 301 Recap

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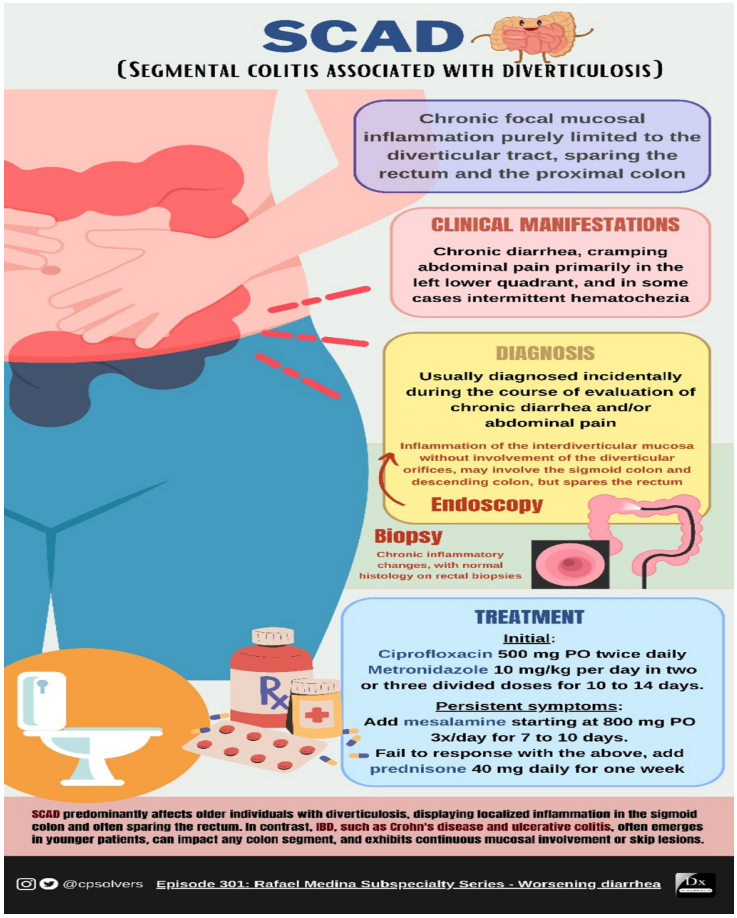
This week, the CPSolvers featured an episode from the Rafael Medina Subspecialty Series with a case of a 68-year-old woman who presented with worsening, chronic diarrhea. She was found to have a microcytic anemia, an elevated fecal calprotectin, an elevated CRP, and a normal TSH while a CT abdominal and pelvis with IV contrast showed colonic wall thickening of the sigmoid colon. A flexible sigmoidoscopy demonstrated ulcerations, friable mucosa, diverticula, and luminal narrowing and pathology revealed active colitis, neutrophilic cryptitis, crypt distortion, and paneth cell metaplasia consistent with a chronic, inflammatory process concerning for either inflammatory bowel disease (IBD) or segmental colitis associated with diverticulosis (SCAD). She was started on mesalamine with improvement in her symptoms.



Teaching points

Approach to chronic diarrhea

- Key questions: stool characteristics, chronicity, frequency, triggers, and presence of nocturnal symptoms
- Determine if it is inflammatory or not
    - Clues suggesting inflammatory diarrhea include:
        - blood, mucus, or pus in the stool

        - Significant weight loss
        - Urgency/pain
- Differential for inflammatory diarrhea:
    - Inflammatory bowel disease such as Crohn's disease or ulcerative colitis
    - Malignancy
    - Post-radiation
- Differential for non-inflammatory diarrhea:
    - Osmotic diarrhea: improves if stops eating/drink
    - Secretory: will have nocturnal symptoms

Inflammatory Bowel Disease

- Crohn's disease:
    - Can affect any part of the GI tract and can have skip lesions
    - Has transluminal depth of inflammation
    - Can be complicated by strictures, fistulas, and abscesses
- Ulcerative colitis
    - Begins in the rectum and ascends through the colon and is continuous
    - Only affects the mucosal
    - Curable by colectomy

Segmental Colitis Associated with Diverticulosis (SCAD)

- Chronic, focal mucosal inflammation, typically involving the sigmoid colon
- Manifests with chronic diarrhea, crampy abdominal pain with occasional hematochezia
- Diagnosed with endoscopic evaluation and biopsy; can mimic IBD

CPS Emails Team
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