

Ischemic pancolitis: Recognizing a rare form of acute ischemic colitis

Ischemic colitis is the most common form of gastrointestinal ischemia [1, 2]. The diagnosis, however, is often elusive, as patient signs and symptoms are non-specific. Colonic involvement is usually segmental; ischemic colitis rarely involves the entire colon, but in such cases it is associated with increased morbidity and mortality [3].

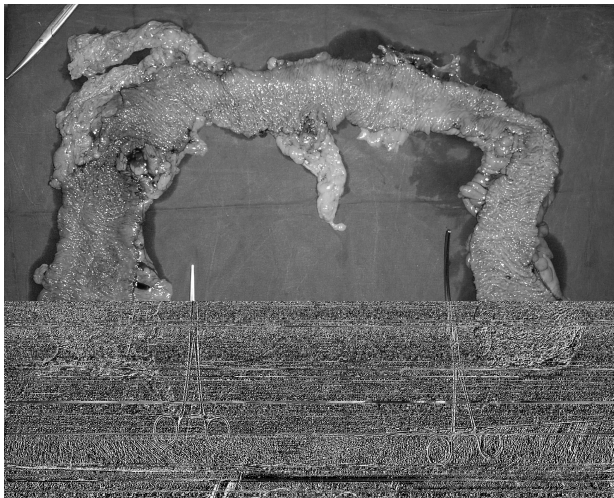
We report a new case of ischemic pancolitis.

Case Report

A 67 year old woman, who neither smoked, with history of hypertension, hyperlipimia and diabetes, presented in emergency with severe acute lower abdominal pain associated to rectal bleeding. She was under medical treatment associating aspirin and fucidic acid one week prior to admission. Her pulse rate was 90 per minute, blood pressure 120/80 mmHg. She was pale, had a distended and tense abdomen. The rectum was empty on examination and there was bloody stool. The other systems were normal.

Examinations : blood tests showed increased inflammation parameters (CRP=192), high level of CPK MB was 250IU/L and myoglobin 219 IU/ml. The haemoglobin rate was 8.4 g/dl and the thrombocytes 170000/mm³. The glycemia was high 35mmle/l. Protein S=76%, protein C=79%, anti thrombine III=99% and absence of Ac anti-phospholipids. After reanimation, a colonoscopy revealed severe active colitis to the ascending colon: severe mucosal oedema and erythema multiple large, linear and deep serpiginous ulcerations and patchy areas of mucosal necrosis in the colon (figure 1).

Figure 1 : Ischemic colitis of the whole colon



The diagnosis of severe acute colitis was highly suspected and the patient was operated in emergency. We didn't perform any imaging investigation. The operative exploration showed an ischemic colitis of the whole colon (figure 1) without peritonitis

or perforation. The small intestine was normal to exploration. The exploration of the both mesenteric arteries was normal without thrombosis. A total colectomy and ileo-rectal anastomosis were performed. The results of histological examination indicated ischemic colitis involving the entire colon; mucosal and sub mucosal oedema with ulcerations, necrosis, and erythrocyte extravasation associated to some adenomas without dysplasia (figures 2a, b, c). The post-operative follow-up was normal. An ultrasound of mesenteric artery showed no abnormality.

Figure 2a : HE x 50: Large ulceration of the mucosa associated to hemorrhagic suffusions in the sumucosa

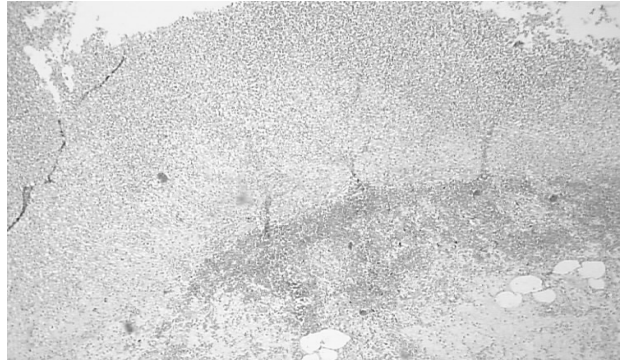


Figure 2b : HE x 100: Presence of residual mucosal areas with atrophic glands and fibrosis thickening the mucosa with no cryptitis or cryptic abscess

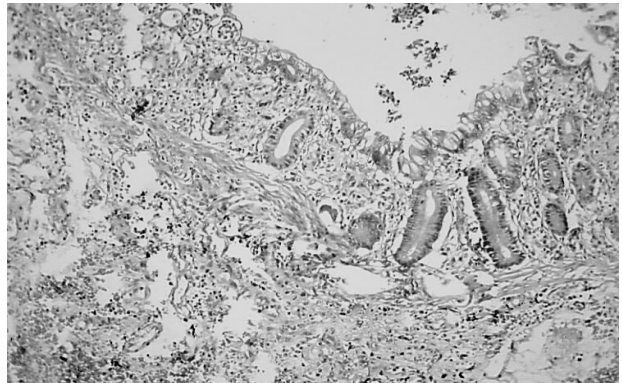


Figure 2c : HE x 50: Tubular adenoma with low grade dysplasia

