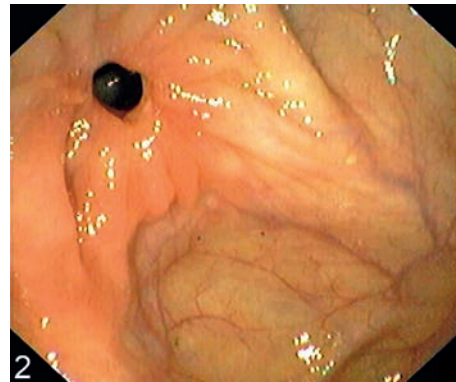
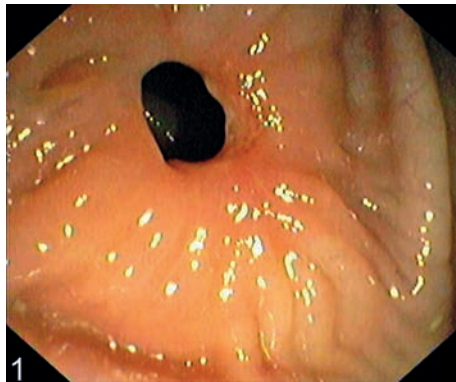


Nonsteroidal Anti-Inflammatory Drug (NSAID) – Induced Colopathy with Diaphragm-like Strictures

Ricardo Küttner Magalhães, José Manuel Ferreira, Isabel Pedroto

Department of Gastroenterology, Hospital Santo António, Centro Hospitalar do Porto, Portugal



A 79-year-old female patient with coxarthrosis and gonarthrosis had been taking Diclofenac for 10 years. She reported asthenia, abdominal pain in the left upper quadrant and two self-limited episodes of hematochezia in the five previous months. She had microcytic, hypochromic, sideropenic anemia (hemoglobin: 9.0 g/dL) in spite of several previous packed red blood cells transfusions. Upper endoscopy was not relevant and colonoscopy showed two diaphragm like strictures in the transverse colon (Figs. 1, 2). The most proximal was ulcerated and was not traversable. Histology of these lesions revealed ulceration and inflammatory aspect. Small bowel follow-through and CT colonography scan unveiled no additional features. The patient discontinued the nonsteroidal anti-inflammatory drugs (NSAIDs) and was directed to Orthopedics and Pain outpatient clinics. One year later she had normal hemoglobin and serum iron levels.

The side-effects of NSAIDs in the upper gastrointestinal tract are well described [1], but their action in the distal segments has been increasingly recognized recently. The reported case illustrates the presentation of NSAIDs colopathy as abdominal pain, hematochezia and anemia. This is a rare condition which

includes colonic inflammation, ulceration and diaphragm like strictures that are considered to be pathognomonic. Early recognition of its endoscopic aspects is of major importance for diagnosis and prevention of disease progression [2, 3].

Corresponding author: R. Küttner Magalhães; rkuttner@gmail.com

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