"Please put a stop to my watery stools!"

Gian Eugenio Tontini

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Primary Care

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A case-based teaching presentation on microscopic colitis highlights the importance of performing colonic biopsies even when endoscopy appears normal in patients with chronic non-bloody diarrhea.

KEY POINTS

- The speaker presented a 57-year-old woman with chronic watery diarrhea and known coeliac disease whose diagnosis of lymphocytic colitis was missed on initial colonoscopy because biopsies were not taken from normal-appearing mucosa.
- The speaker stated that random biopsies in chronic non-bloody diarrhea identify microscopic colitis in 10 to 20 percent of cases, with diagnostic yield doubling in patients with completely negative colonoscopy.
- The speaker reported that up to 6 percent of coeliac disease patients may develop microscopic colitis, and the reverse association occurs at similar frequency.
- The speaker stated that microscopic colitis symptoms are indistinguishable from bile acid malabsorption, and up to 18 percent of microscopic colitis patients have positive Sehcat testing.
- The speaker emphasized that biopsies should be taken from both left and right colon because up to 10 percent of microscopic colitis cases show patchy disease mostly located in the right colon.
- The speaker stated there is no useful biomarker to exclude or monitor microscopic colitis, though calprotectin may show slight elevation in collagenous colitis during active disease.

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