

Ischemic Colitis



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KEYWORDS

• Colitis • Ischemic colitis • Vascular disease • Rectal bleeding • Diarrhea

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Ischemic colitis (IC) is the most common form of intestinal ischemia and is often underdiagnosed.
2. IC should be distinguished from mesenteric ischemia.
3. IC most often occurs in the elderly with a spectrum of disease from mild to severe and worse prognosis with right-sided involvement.
4. The diagnosis of IC is most often made by computed tomography and sometimes colonoscopy.
5. Management is usually conservative with a focus on maintaining adequate hemodynamics, bowel rest, nasogastric decompression, and avoidance of harmful medications. Severe forms may require surgery.

INTRODUCTION

Definition

What is ischemic colitis?

Ischemic colitis (IC) represents injury to the colon from inadequate perfusion.

How is colonic ischemia classified and what is the spectrum of disease?

In the 1960s, the first reports were published on patients with reversible colonic ischemia, and Marston and colleagues¹ introduced the term IC. These investigators described 3 presentations: gangrenous, stricturing, and transient. Clinical classifications are now similar and divide IC into gangrenous and nongangrenous types, with

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the latter being subdivided into transient (most prevalent) and chronic forms. Nongangrenous colitis involves ischemia to the mucosa and submucosa versus gangrenous injury, which is marked by full-thickness involvement of the colon. Patients with recurrent ischemia are at risk for chronic forms of IC, which can lead to chronic colitis with strictures.²

Other classifications are based on anatomic location (right colon, transverse, left colon, and pancolonic) as well as nonocclusive versus occlusive disease. Nonocclusive disease refers to causes from low flow states such as decreased cardiac output or hypotension, whereas occlusive disease refers to embolism, thrombosis, or ligation as a cause of compromised perfusion.

The spectrum of disease is broad and ranges from subclinical transient ischemia to fulminant gangrene.³

EPIDEMIOLOGY/DEMOGRAPHICS

What is the incidence and prevalence of IC?

The incidence of IC is underestimated because of the transient nature of the disease and difficulty in diagnosis. For example, in one study of patients with histologically proven IC after aortic surgery, only half of the patients had the diagnosis suspected by the physician.⁴ The incidence of IC was 4 to 44 cases per 100,000 patient years based on a review of administrative data from the United States and the United Kingdom. The prevalence of IC was approximately 20 per 100,000 persons.⁵

What are the risk factors for IC?

Data on risk factors for IC are based on retrospective and case control studies. Risk factors include age greater than 65 years, diabetes, hypertension, coronary artery disease, cerebrovascular disease, hyperlipidemia, and peripheral vascular disease (**Box 1**).^{3,6} Several medications have also been identified as causing IC and many

Box 1

Risk factors for IC

- Age greater than 65 years
- Abdominal surgery
- Hypertension
- Diabetes
- Hyperlipidemia
- Heart failure
- Cardiovascular, peripheral vascular, or cerebrovascular disease
- Aortic or cardiovascular surgery
- Medications
- Irritable bowel syndrome
- Chronic constipation
- Cocaine use
- Extreme exercise

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