



Original Article

Microscopic analysis of patients with chronic diarrhea without macroscopic disease[☆]



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ABSTRACT

Background: Colonoscopy is part of the current diagnostic armamentarium. However, in some patients with chronic diarrhea, a colonoscopy may show normal mucosa; in these cases, serial biopsies can provide important information for the diagnosis and treatment of patients.

Aim: To analyze patients with chronic diarrhea having a macroscopically normal colonoscopy, by evaluating histological changes.

Methods: 30 patients with chronic diarrhea and normal colonoscopy were prospectively evaluated and submitted to serial biopsies of the terminal ileum, ascending colon and rectum.

Results: The sample of 30 patients showed a ratio of 18 men (60%) and 12 women (40%). On histological types, it was found that 13 patients (43.3%) had lymphoid hyperplasia, eosinophilic inflammation in 4 (13.3%), nonspecific inflammation in 4 (13.3%), regenerative changes in 3 (10%), lymphocytic colitis in 2 (6.6%) and changes consistent with Crohn's disease in 1 (3.3%).

Conclusions: One can observe that even chronic diarrhea patients, without other associated factors, benefited from colonoscopy with biopsy, because it held the etiologic diagnosis in some cases as also excluded by histopathology. It was noticed that the frequency of patients with altered biopsy and less dragged diarrheal episodes (84.2%) was large, should consider their achievement.

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[☆] Study conducted at the General Surgery Service, Hospital São Lucas, Faculty Assisi Gurgacz (FAG); Concurrent with Gastric Cascavel, Cascavel, PR, Brazil.

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Análise microscópica de pacientes com diarreia crônica sem doença macroscópica

R E S U M O

Palavras-chave:

Diarreia crônica
Colite microscópica
Colonoscopia

Introdução: A colonoscopia faz parte do arsenal de diagnóstico atual. Porém, em alguns pacientes com diarreia crônica, a colonoscopia pode evidenciar mucosa normal; nesses casos biópsias seriadas podem trazer informações importantes para o diagnóstico e tratamento dos pacientes.

Objetivo: Analisar pacientes com diarreia crônica submetidos à colonoscopia macroscopicamente normal, avaliando assim histologicamente as alterações.

Métodos: Análise prospectiva da histologia 30 pacientes com diarreia crônica e colonoscopias normais, submetidos a biópsias seriadas de íleo terminal, cólon ascendente e reto.

Resultados: A amostra de 30 pacientes mostrou uma proporção de 18 homens (60%) e 12 mulheres (40%). Sobre os tipos de alterações histológicas, foi verificado que 13 pacientes (43,3%) apresentaram hiperplasia linfóide, inflamação eosinofílica em 4 (13,3%), inflamação inespecífica em 4 (13,3%), alterações regenerativas em 3 (10%), colite linfocítica em 2 (6,6%) e alterações compatíveis com Doença de Crohn em 1 (3,3%).

Conclusões: Observou-se que mesmo pacientes com diarreia crônica, sem outros fatores associados, beneficiaram-se da colonoscopia com biópsia, pois a mesma realizou o diagnóstico etiológico em alguns casos como também o excluiu através da histopatologia. Verificou-se que a frequência de pacientes com biópsia alterada e quadros diarreicos menos arrastados (84,2%) foi grande, devendo-se considerar a realização do exame.

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Introduction

Chronic diarrhea is a common disorder, characterized by a course longer than 30 days; on the other hand, it brings discomfort – not only physical but also social – to the patient.¹ Considering that young adults, constituted by a population of individuals who, in their majority, are healthy, when exposed to symptoms such as diarrhea tend to belittle the event, postponing this diagnosis. But often this diagnosis can be very complex and comprehensive, as it may reflect numerous infectious, endocrine-metabolic, neoplastic, functional and drug-derived etiologies.^{1,2}

Currently, colonoscopy is one of the most comprehensive research methods of colorectal diseases.^{2,3} However, in some patients with chronic diarrhea, this method may show a normal mucosa. In such cases, obtaining serial biopsies can provide important information for the diagnosis and treatment.^{4,5} This microscopic analysis is very useful, both for the diagnosis of inflammatory bowel diseases and irritable bowel syndrome, and for the differential diagnosis for lymphocytic, collagenous, actinic, and ischemic colitis, besides cases of infectious colitis (tuberculosis, amebiasis, histoplasmosis, and pseudomembranous colitis) and infections associated with acquired immune deficiency syndrome, by enabling the visualization of mucosa and allowing the collection of material for histopathological analysis.^{3,6}

Thus, the search for microscopic changes in young patients is very useful, since the conditions (including those most severe ones, such as inflammatory bowel disease) can be diagnosed only by histopathology, considering that these

conditions are in such a nascent stage, at the point of an absence of macroscopic lesions.

Objectives

To analyze patients with chronic diarrhea with a macroscopically normal colonoscopy, with the aim to identify the variables of age, gender, duration of diarrhea and histopathological changes, and draw a parallel between such variables.

Methodology

This study was approved by the Research Ethics Committee, Faculdade Assis Gurgacz (FAG), opinion number 1026986/2015 – CEP/FAG. This is a prospective study in which data were stored in the database of the Clinic (in the form of medical charts) and collected in a checklist. Thirty patients with chronic diarrhea, undergoing colonoscopies and serial biopsies from terminal ileum, ascending colon and rectum were selected at Gastroclínica Cascavel – PR from October 2014 to March 2015. The inclusion criteria were: young adults (18–50 years old) with diarrhea lasting more than 30 days, without endoscopic mucosal changes and considered as colonoscopically normal subjects. The samples were subjected to pathologists' assessment according to the Atlas of Nontumor Pathology – Gastrointestinal Diseases (2007)⁵: (1) inflammation or lymphocytic colitis: increased number of intraepithelial lymphocytes in the superficial epithelium with at least 20 lymphocytes per 100 epithelial cells (mean 25–32);

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