12ème journée d'automne d'actualités en gastro-entérologie et hépatologie

Maladies inflammatoires chroniques de l'intestin et colites microscopiques

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1942

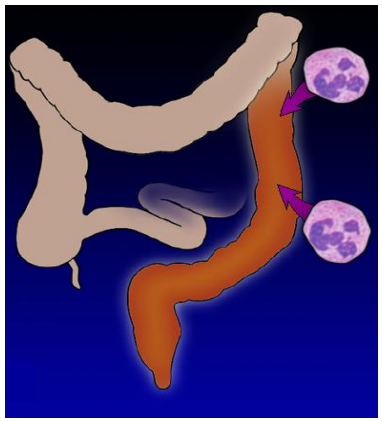
Questions:

A) Quand un médecin généraliste doit-il référer un patient pour une colonoscopie?

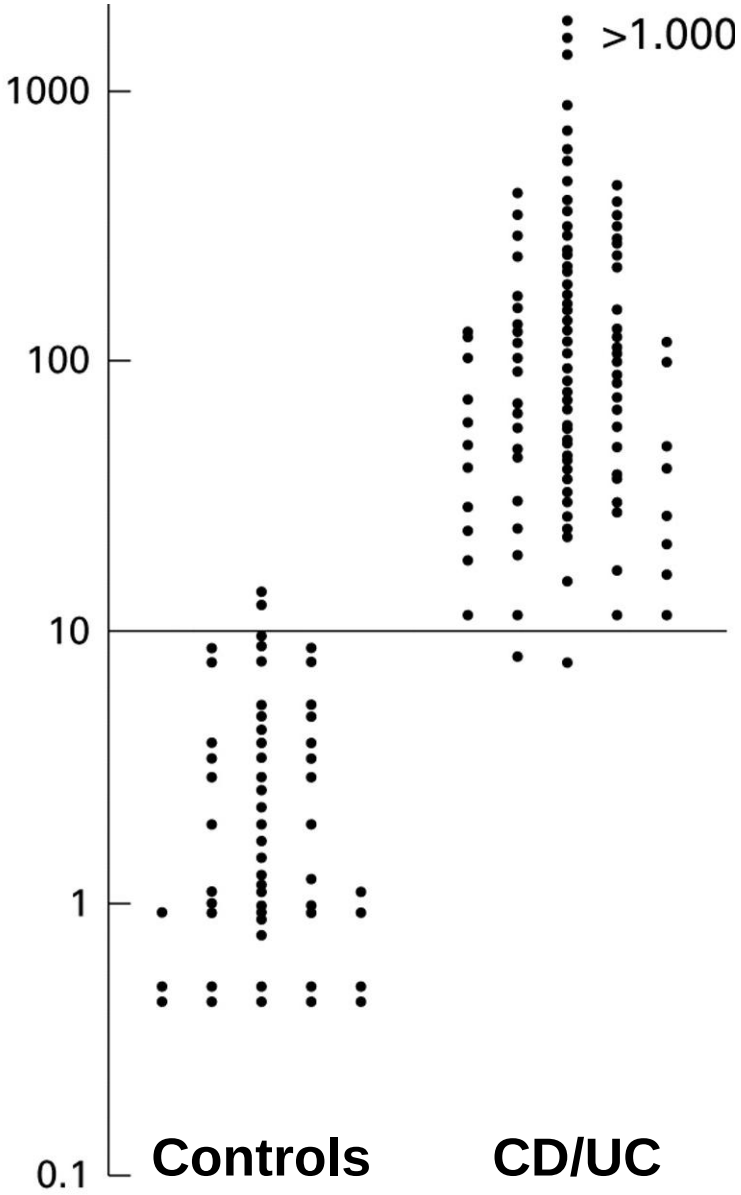
B) Qu‘est ce qu‘une colite collagène(CC) et pourquoi cette patiente a une colite collagène(CC)?

C) Comment traite-t-on une CC?

Calprotectin in stool



upper limit of normal



Tibble, Gut 2000

Microscopic colitis

Collagenous colitis and Lymphocytic colitis

– Earlier considered rare
– Today a well-recognised cause of chronic diarrhoea but likely overlooked

– Chronic watery diarrhoea, abdominal pain
– Macroscopically normal or almost normal colonic mucosa
– Characteristic histopathologic changes

Associated diseases

	CC	LC
	Odds ratio	Odds ratio
Celiac disease	4,1	4,5
Thyroid disease	2,1	1,7
Diabetes mellitus	0,7	1,0
Rheumatic disease	3,1	1,2
At least one associated disease	11,5	17,0

Nyhlin et al 2009

Microscopic Colitis: Causes

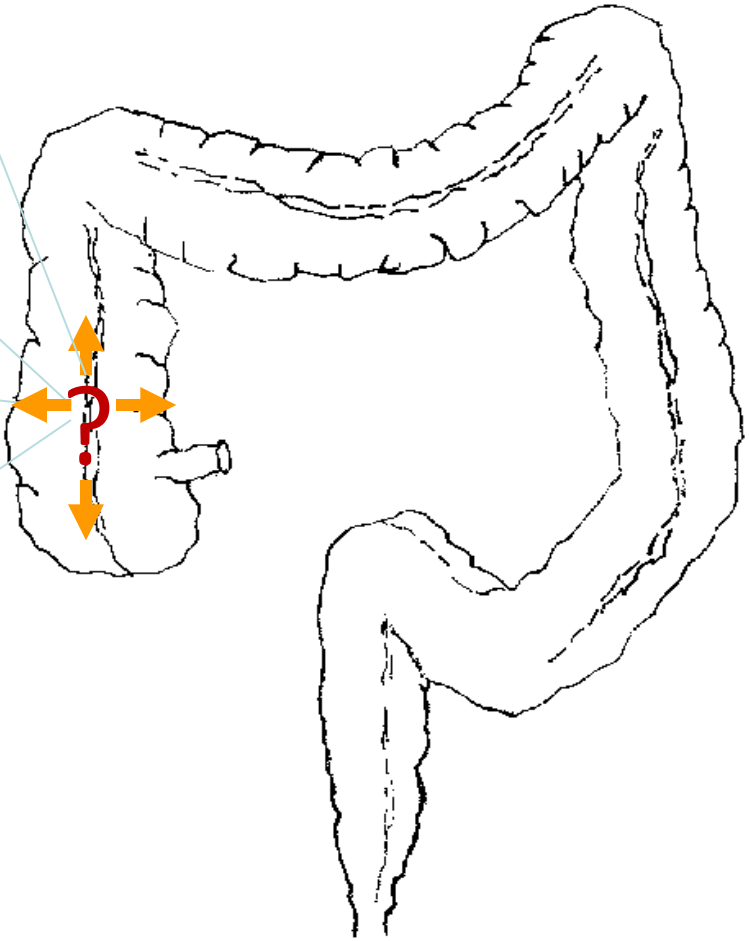
The usual suspects

Drugs

Food

Bile acids

Bacte-ria



Drugs known to cause diarrhoea

≥20% of patients	≥10% of patients	<10% of patients
Gold salts	Antibiotics	5-ASA (olsalazine)
Alpha-glucosidase inhibitors (acarbose)	Ticlopidine	Cholinesterase inhibitors
Biguanides	SSRIs (sertraline)	PPIs
Colchicine	Digoxin	NSAIDs
Prostaglandins	Cholinergic drugs	Flavonoid-related veinotonic agents
Antiretrovirals	Orlistat	Statins
Diacerein		L-dopa-benserazide
		Cimetidine
		Carbamazepine

Abraham and Sellin. In: Diarrhea, Clinical Gastroenterology. Guandalini et al, eds. Springer Science, LLC, 2011.

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In red, drugs suggested to be associated with MC.

Level of likelihood that a specific drug can trigger MC*

High Likelihood	Intermediate Likelihood	Low Likelihood
Acarbose	Carbamazepine	Cimetidine
Aspirin and NSAIDs	Celecoxib	Gold salts
Clozapine	Duloxetine	Piascledine
Entacapone	Statins	
Flavonoid veinotonics	Flutamide	
Lansoprazole	Oxetorone	
Omeprazole/Esomeprazole	Modopar**	
Ranitidine	Paroxetine	
Sertraline	Stalevo**	
Ticlopidine		

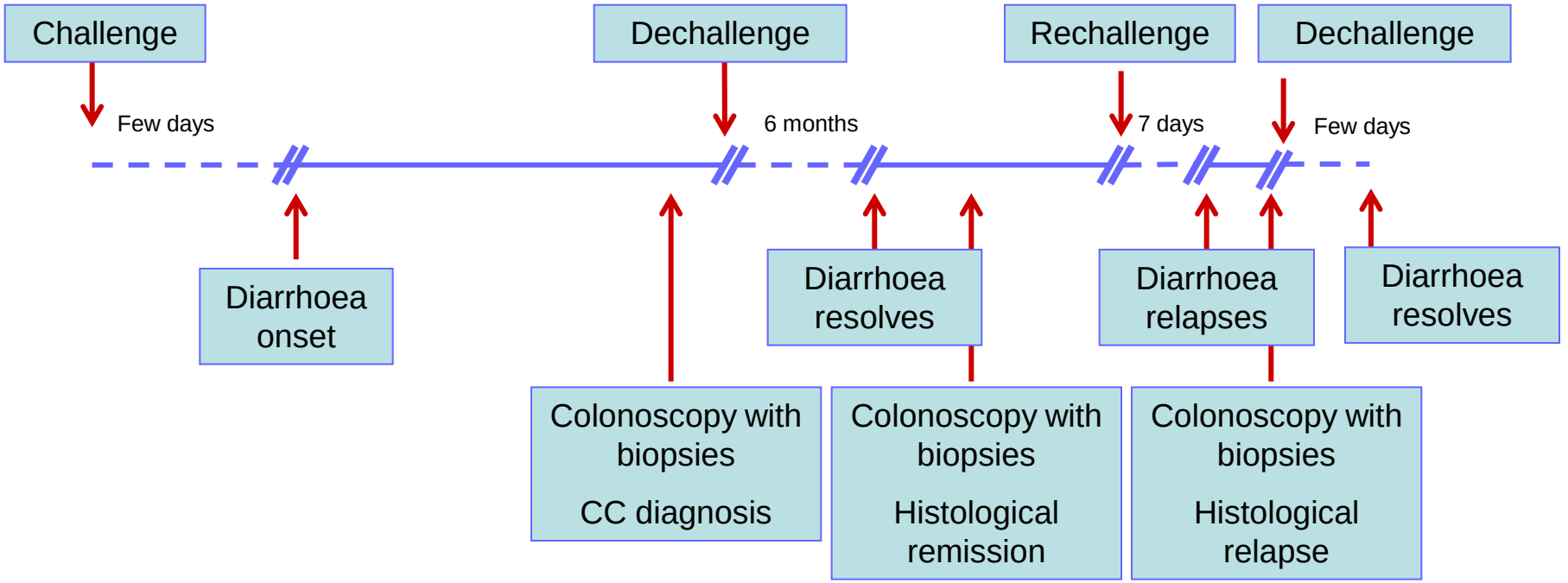
*Using the 'French algorithm' to assess drug imputability.

**Anti-parkinsonian drugs containing levodopa and benserazide (Modopar^{R}) and carbidopa, levodopa and entacapone (Stalevo^{R}).

Updated from Beaugerie and Pardi, APT 2005

Lansoprazole-induced MC

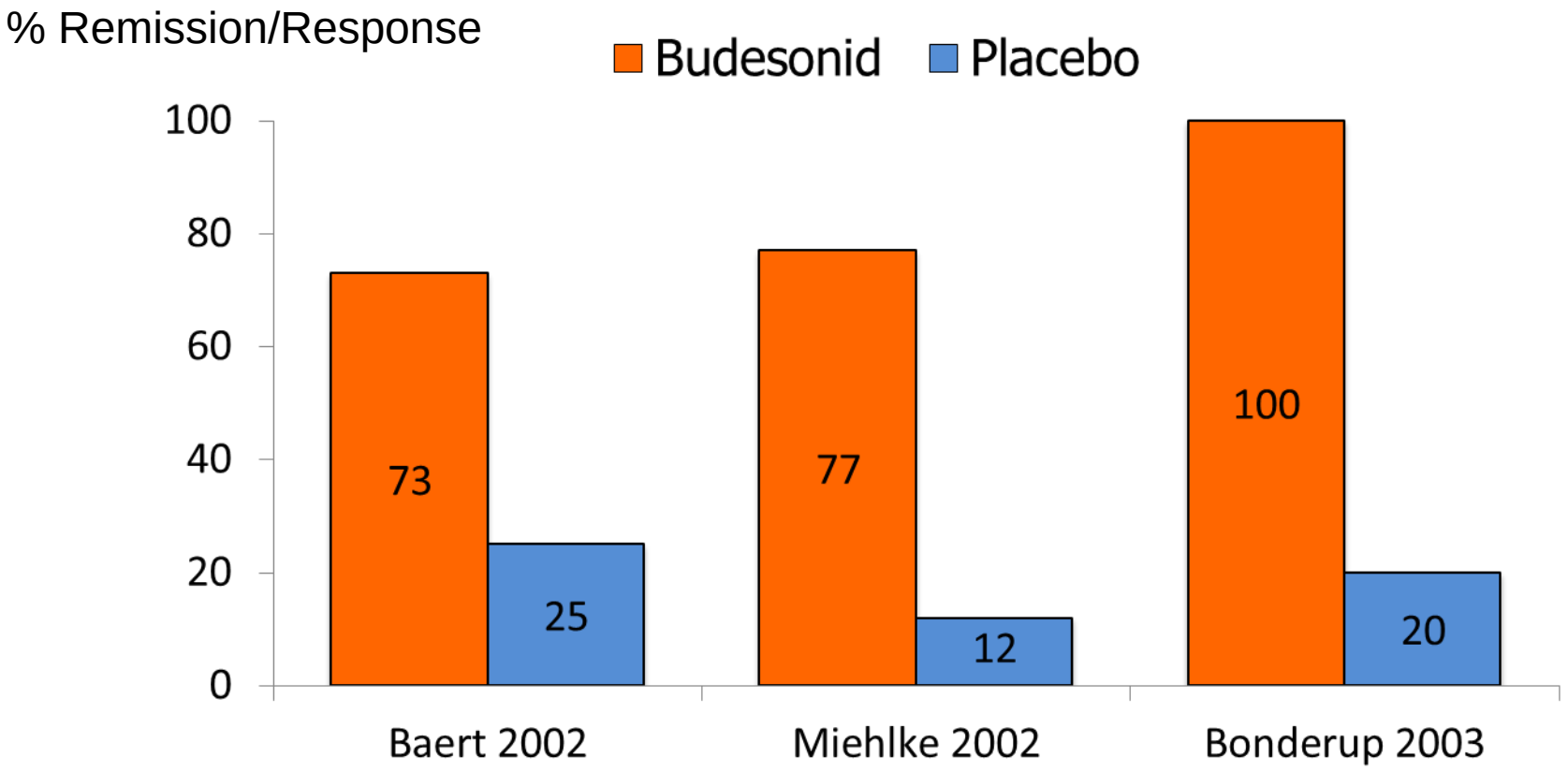
>30 cases have been described: Only 1 CC with rechallenge (Wilcox et al. J Clin Gastroenterol 2002)



- Lansoprazole usage is associated with diarrhoea in 4% of patients.
- Proposed mechanisms in MC:
  - Inhibition of colonic proton pumps (H^+/K^+ ATPases).
  - It could affect tight junction functionality with increase of paracellular permeability.
  - PPIs may alter intestinal microbial profiles (changes in luminal pH or direct inhibition of proton pumps in the microbial membranes inhibiting microbial growth).

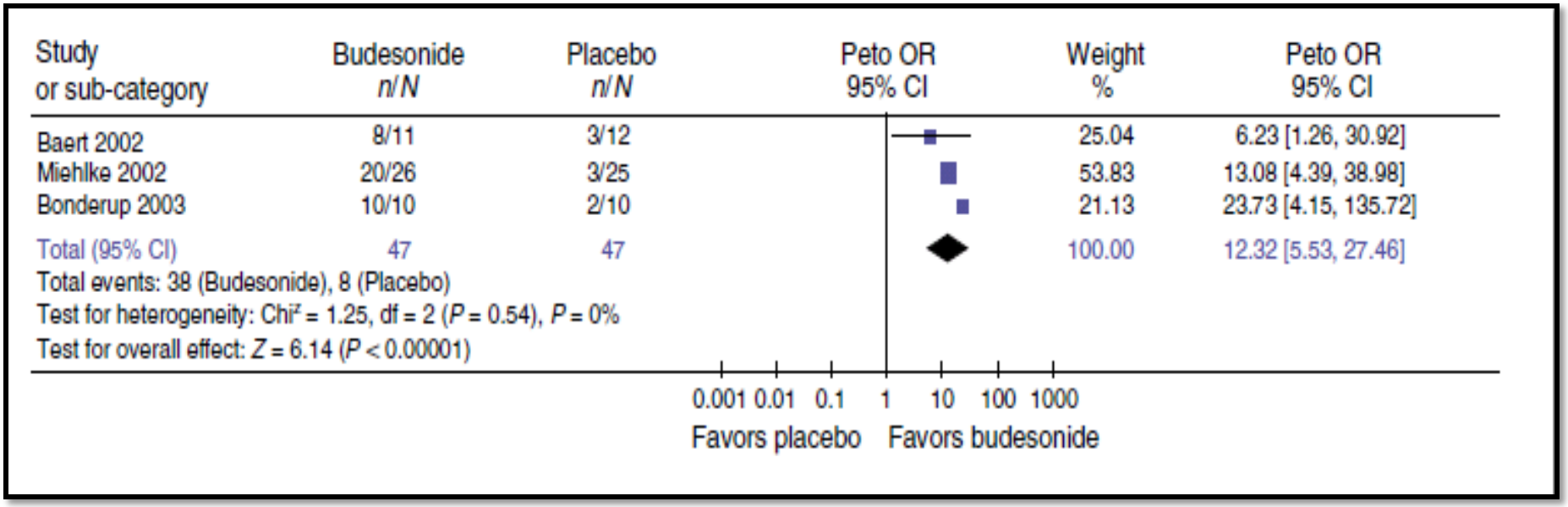
Short-term Treatment with Budesonide in Collagenous Colitis

Budesonide 9 mg/d for 6-8 weeks



Baert et al, Gastroenterology 2002; Miehlke et al, Gastroenterology 2002; Bonderup et al, Gut 2003

Short-term Treatment with Budesonide in Collagenous Colitis

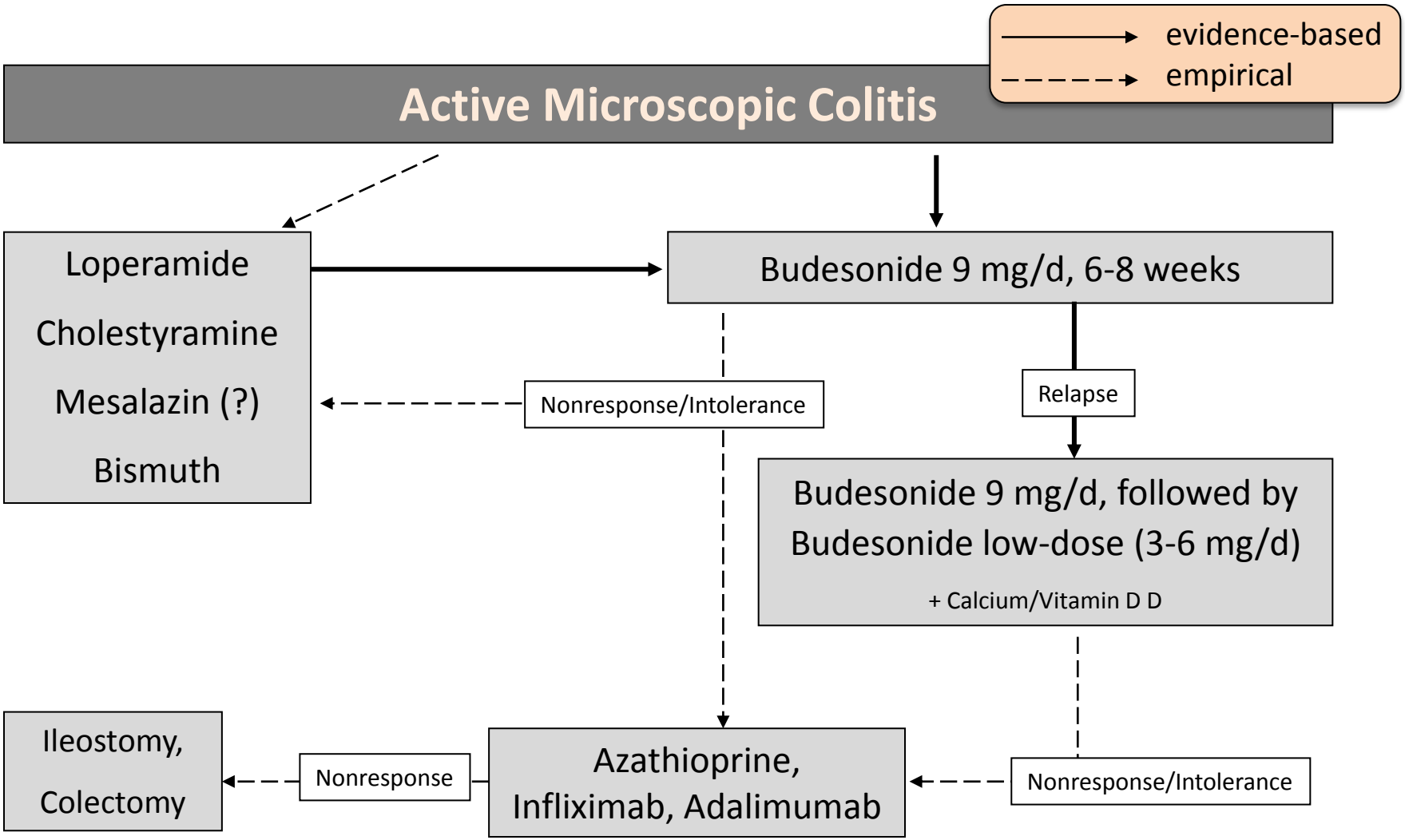


Clinical Response: Budesonide 81%, Placebo 17%

OR 12.3, NNT 2

Chande N, Cochrane Database Syst Rev 2008

Novel Treatment Algorithm for Microscopic Colitis



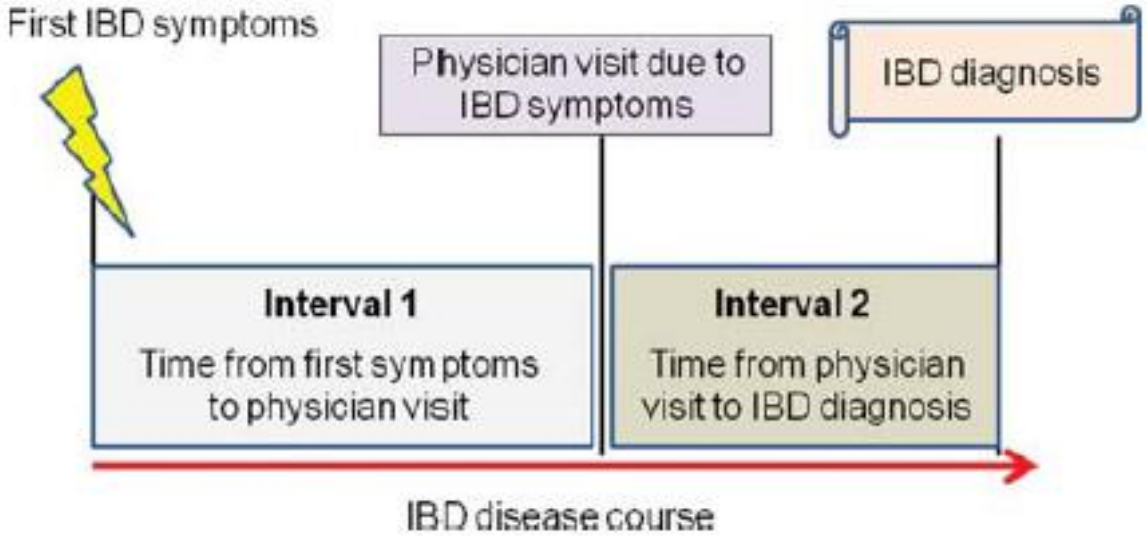
Münch et al, J Crohn's Colitis 2012

1980

Questions:

A) Quel est le délai diagnostique habituel chez les patients avec une MICI en Suisse?

B) Comment ce délai jusqu‘au diagnostic peut-il être raccourci?



Vavricka et al, IBD 2012

Diagnostic delay in IBD

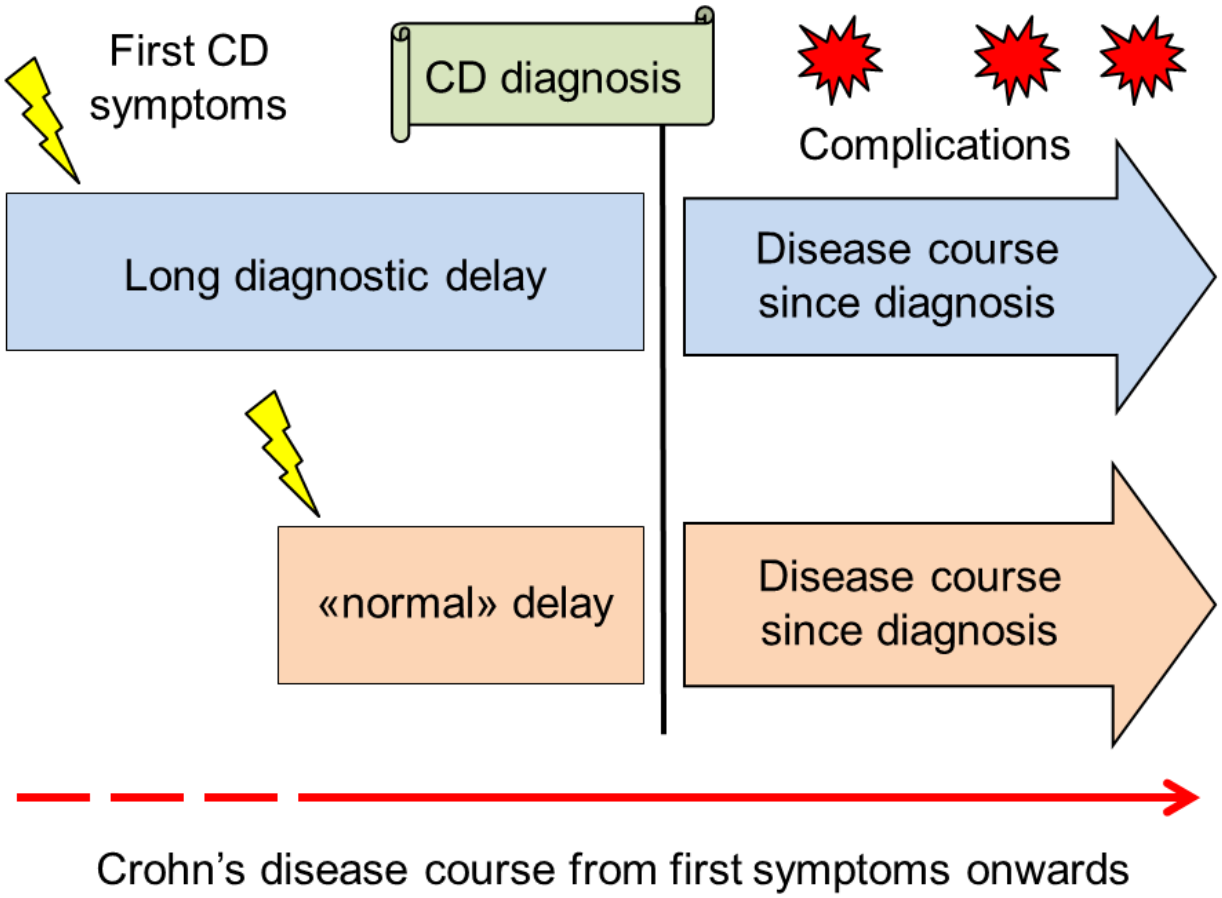
TABLE 3. Time Delays (Months) in Patients with CD (n=932), UC (n=625), and IC (n=34)

Time Intervals (Months) Disease	Time from First Symptoms to IBD Diagnosis			Time from First Symptoms to Physician Visit			Time from Physician Visit to IBD Diagnosis		
	CD	UC	IC	CD	UC	IC	CD	UC	IC
Percentile									
1%	0	0	0	0	0	0	0	0	0
5%	0	0	1	0	0	0	0	0	0
10%	1	1	1	0	0	0	0	0	0
25%	3	1	2	0	0	0	0	0	0
50%	9	4	3	2	1	1	4	1	1
75%	24	12	6	6	4	2	18	5	3
90%	96	36	12	18	12	6	60	23	6
95%	120	60	24	48	24	7	108	47	12
99%	252	120	36	180	72	24	240	114	35
Range	0-516	0-192	0-36	0-456	0-120	0-24	0-516	0-168	0-35

The listing of percentiles allows the readout of the percentage of patients diagnosed at specific time intervals.

25% of CD patients need >24 months for diagnosis
25% of UC patients need >12 months for diagnosis

Impact of diagnostic delay on natural history of CD



Schoepfer et al, AJG 2013

The role of FC in symptomatic patient assessment

- Discrimination organic vs functional disease
- [FC]↑in IBD patients
- Pathological FC → Endoscopy mandatory

Tibble et al, Gastroenterology. 2002 Aug;123(2):450-60
Gisbert et al, Digestive and Liver Disease 41 (2009) 56–66

Thank you
for your attention