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INTRODUCTION

Chronic diarrhoea is an indication for referral on the Colorectal two week wait (TWW) pathway for suspected malignancy. Studies have shown that in addition to malignant colonic pathology, other significant gastrointestinal diseases are diagnosed during investigation by colonoscopy.

Microscopic colitis (MC) characteristically presents with chronic watery diarrhoea. The frequency of MC diagnosed in TWW patients has not been systematically evaluated, but from available literature is diagnosed in 0.1-2.8% of all patients.

OBJECTIVES

We sought to:

- define the incidence of MC in our cohort of patients who underwent colonoscopy for chronic diarrhoea on TWW pathway.
- report the demographics of those diagnosed with MC

METHOD

All colonoscopies performed in a single NHS District General Hospital over a 4 year period (1/1/12 - 31/12/15) under the TWW pathway with one of the indications for investigation listed as chronic diarrhoea were identified from the electronic endoscopy database. Information on patient demographics, endoscopy reports and histological diagnoses were collected. For patients with histology definitive or suspicious for MC, the slides were re-reviewed by a single Histopathology Consultant with an interest in gastrointestinal disease. Further clinical information from case notes was obtained for definitive cases of MC.

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RESULTS

Demographics

Colonoscopy was performed in 533 patients in this time period. Median age of 62 years (range 21-95), 55.2% were female.

Diagnosis	Number (% of total)
Colorectal neoplasm	11 (2.1%)
Adenoma (excluding those with cancers)	87 (16.3%)
Inflammatory bowel disease/proctitis	16 (3%)
Diverticulosis	210 (39.4%)
Haemorrhoids	123 (23.1%)
Microscopic colitis	21 (3.9%)

Table 1: diagnoses following colonoscopy performed on TWW pathway for chronic diarrhoea

Colonic biopsies

91.2% of patients had colonic mucosal biopsies taken. 84.2% had colonic biopsies from macroscopically normal mucosa, to exclude the diagnosis of MC. 21 patients (3.9% of all patients) were diagnosed with MC (6 with collagenous colitis, 15 with lymphocytic colitis).

Age	76
Female	76.2%
Endoscopy findings	
Diverticulosis	13 (62%)
Haemorrhoids	5 (24%)
Hyperplastic polyps	2 (10%)
Adenoma	1 (5%)
Co-morbidities	
Hypothyroidism	4 (19%)
Known malignancy	2 (10%)
Taking proton pump inhibitor	10 (48%)

Table 2: characteristics of patients diagnosed with microscopic colitis.

Microscopic colitis patients

This subgroup had a median age of 76 years, 76.2% were female. 48% were on proton pump inhibitors, 19% had a diagnosis of hypothyroidism, 10% had a known malignancy (non colorectal). They frequently had diverticulosis and haemorrhoids

Location of biopsies

In 16 patients (76%) diagnosed with MC, the right and left colonic biopsies were labelled separately. In 11 (69%) of these the left sided biopsies alone showed sufficient changes to diagnose MC. In the remainder comparison with right sided biopsies were needed to confirm diagnosis.

DISCUSSION

We have demonstrated that MC is a diagnosis which needs to be considered in patients referred on the TWW colorectal pathway with chronic diarrhoea, and in our cohort was found more frequently than colorectal neoplasms and inflammatory bowel disease. Of the 449 patients without macroscopic colonic inflammation, 4.7% were diagnosed with microscopic colitis.

As with previous studies, our patients with MC were frequently elderly females, with a significant proportion suffering from hypothyroidism, malignancy and taking proton pump inhibitors.

We recommend that MC should be considered in patients with chronic diarrhoea undergoing colonoscopy for suspected malignancy, by taking random colonic biopsies. Left sided biopsies may be sufficient, but recommendations remain for right and left colonic biopsies.

Graph 1: break down of patients on the TWW pathway with chronic diarrhoea who underwent colonic biopsies

