

Eosinophilic colitis under etanercept

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Abstract

Eosinophilic colitis (EC) is a rare manifestation of eosinophilic gastrointestinal disorder. Even though the cut-off value of eosinophils per HPF for the diagnosis of EC is not clear, histopathological examination is still a cornerstone. Corticosteroids are the main drugs for EC treatment today. Here, we aim to report a woman with EC who showed clinical remission with budesonide and was maintained with adalimumab alone. (*Acta gastroenterol. belg.*, 2015, 78, 439-440).

Key words : Eosinophilic Colitis, budesonide, etanercept, adalimumab.

To the editor,

Eosinophilic colitis (EC), an exclusion diagnosis, is a rare manifestation of eosinophilic gastrointestinal disorder. Even though the cut-off value of eosinophils per HPF for the diagnosis of EC is not clear, histopathological examination is still a cornerstone (1). Corticosteroids are the main drugs for EC treatment today (2). Here, we aim to report on a woman with EC who showed clinical remission with budesonide and was maintained with adalimumab alone.

A 51 year old woman was referred to our clinic with abdominal discomfort and bloating. Physical examination was in the normal range. Laboratory examination was unremarkable, except for mild microcytic anemia with low ferritin and iron levels and normal vitamin B12 and folate values. She was under etanercept therapy based on a diagnosis of ankylosing spondylitis (AS). A histopathologic examination of normal appearing ascending and descending colon mucosa revealed EC (Fig. 1). Biopsies taken from the rectum showed increased eosinophilia, placing the condition under the diagnostic criterion of EC. After a few negative stool examinations for detecting of bacterial and parasitic infections, the patient was started on budesonide (3 × 3 mg/d) therapy. After six months of budesonide, she was in clinical remission and Hb levels increased to a normal range. Since adalimumab is also beneficial for AS, both budesonide and etanercept were replaced by adalimumab alone. The patient is still in clinical remission at the end of the first year of adalimumab alone treatment.

The diagnostic criterion of EC is still controversial. In normal tissues, the rectum has under 10 eosinophils/HPF, whereas > 30 eosinophils/HPF may be normal for the cecum. However, most authors accept > 20 eosinophils/HPF as a threshold for the diagnosis of EC (1). On

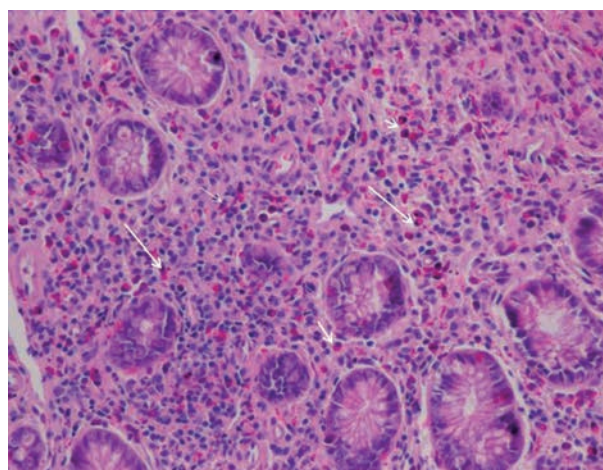


Fig. 1. — Histopathologic examination of the colon revealing eosinophil-rich inflammation (×200).

the other hand, we found greater than 60 eosinophils/HPF to make our diagnosis.

Corticosteroids seem to be effective by inhibiting eosinophilic growth factors. In a study after the cessation of treatment with 10-40 mg prednisolone for 4-6 weeks, recurrence was seen in almost 45% of the patients (3). On the other hand, infliximab has been used for eosinophilic esophagitis before, but the data is still weak to suggest widely (4). In another study, it was revealed that adalimumab therapy controlled the condition of all eight patients who had remission with infliximab and then experienced recurrence in the follow-up period (5). As we know, etanercept may not be effective against an inflammatory process in the colon.

In conclusion, both the exact medication and the optimal duration of EC therapy is still unclear. Therefore, we present this case of EC in whom remission was achieved by budesonide for six months, followed by maintenance therapy with adalimumab.

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