Your Diagnosis

After completing a thorough lab analysis of your recent colon biopsy, a specialized doctor called a pathologist reported a diagnosis of collagenous colitis, an ongoing (chronic) inflammation of the colon. Collagenous colitis does not increase the risk of developing colon cancer, and it is not cancer.

Collagenous colitis is a rare condition that falls under the broad category of inflammatory bowel disease (IBD). It most often affects people between the ages of 50 and 70, and occurs about 10 times more frequently in women than men.

About the Condition

The colon, or large intestine, is a tube lined with muscles that extracts moisture and nutrients from food, storing the waste matter until it is expelled from the body. It is typically 5 to 6 feet long in adults. The last segment of the colon is called the rectum.

Collagenous colitis occurs when a thicker than normal band of connective tissue, called collagen, forms inside the lining of the colon and produces inflammation. The condition causes chronic and watery, non-bloody diarrhea and sometimes painful abdominal cramps and nausea. This happens on a continuing basis for some patients and occasionally for others.

The inflammation of collagenous colitis is not visible when looking at the surface of the colon during a colonoscopy, but is apparent when colon tissue samples are viewed under a microscope. As a result, it is referred to as a microscopic form of colitis.

No one knows exactly what causes collagenous colitis, but the condition appears to stem from an overactive immune system response to something that affects the colon lining. Triggers may include an infection with bacteria or a virus, or the prolonged use of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen.

Many patients with collagenous colitis have other autoimmune disorders such as rheumatoid arthritis, thyroid disease, pernicious anemia (the inability to absorb vitamin B-12 from the gastrointestinal tract), or celiac disease, a digestive condition caused by intolerance to gluten, a protein found in foods including wheat and rye.

Collagenous colitis is not life-threatening; however, heavy diarrhea caused by the condition can sometimes lead to severe dehydration, malnutrition and weight loss.
Treatment Options

The treatment plan for collagenous colitis often depends on the severity of the condition. The following treatment possibilities are available:

Everyday Changes – Although food is not a direct cause of collagenous colitis, people with the condition can diminish symptoms by eating a low-fat diet that is high in fruits, vegetables and fiber and avoiding caffeine and dairy products. It is also helpful to avoid the use of NSAIDs.

Medication – A variety of medications can be used to treat collagenous colitis. They include drugs to control diarrhea, anti-inflammatory drugs, antibiotics and corticosteroids, which are primarily prescribed to patients who do not respond well to other medications.

Surgery – In very rare and severe cases of collagenous colitis, a colon resection to remove part of the large intestine, or a colectomy to remove it entirely, may be performed.

What You Can Do

You can choose to take an active role in your health and well-being. Learn as much as you can about your condition and have a list of questions ready each time you meet with your doctor. Join a support group for IBD, and talk with your family, friends or counselor as you feel comfortable.

Other steps you can take to maximize your health include:

♦ Burning up all of the calories you take in each day through healthy eating and regular exercise
♦ Minimizing stress by getting enough sleep every night and using relaxation techniques
♦ Cutting out the use of tobacco and limiting your alcohol consumption
♦ Visiting your doctor regularly and promptly reporting any new symptoms that develop

Additional Resources

American College of Gastroenterology, 301.263.9000, www.acg.gi.org
Crohn’s & Colitis Foundation of America, 800.932.2423, www.ccfa.org
Digestive Diseases Information Clearinghouse, 800.891.5389, www.digestive.niddk.nih.gov

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