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EDUCATION AND IMAGING

Gastrointestinal: Colonic stricture after ischemic colitis

What is the natural history of ischemic colitis? At least 80% of patients have a favorable outcome with no longer-term sequelae. In many of these patients, symptoms resolve in 2–3 days and the colon heals in 1–3 weeks. Rarely, after severe injury, healing may be delayed for up to 6 months. One complication that occurs in approximately 10% of patients is the development of a colonic stricture. Some of these strictures dilate over weeks or months, while others result in obstructive symptoms or an overt large bowel obstruction. A less frequent complication (<5%) is the development of colonic gangrene. This is typically associated with fever and signs of peritonitis, and is an indication for emergency laparotomy. Emergency laparotomy with colectomy may also be required for fulminant ischemic colitis, a rare variant that results in severe ischemic damage to most of the large bowel.

The patient illustrated below was a woman, aged 81 years, who was admitted to hospital with a 2 week history of diarrhea. She was known to have hypertension and ischemic heart disease, and her medication included diuretics and aspirin. On examination, she had abdominal distension and mild tenderness over the lower abdomen. Her plasma creatinine was elevated but blood and fecal cultures were unhelpful. Colonoscopy revealed a normal rectum but there was extensive ulceration in the sigmoid colon and descending colon. Diarrhea persisted for a further 3 weeks and then gradually resolved. Repeat colonoscopy after 4 weeks showed that colonic ulceration was much less prominent than previously (Fig. 1), but the colonoscope could not be passed through the descending colon because of luminal narrowing. Virtual colonoscopy showed diffuse narrowing throughout the descending colon (Fig. 2). Four months after her first admission, she was readmitted to hospital with a large bowel obstruction. At operation, there was a long stricture involving the descending colon and she was treated with a left hemicolectomy.

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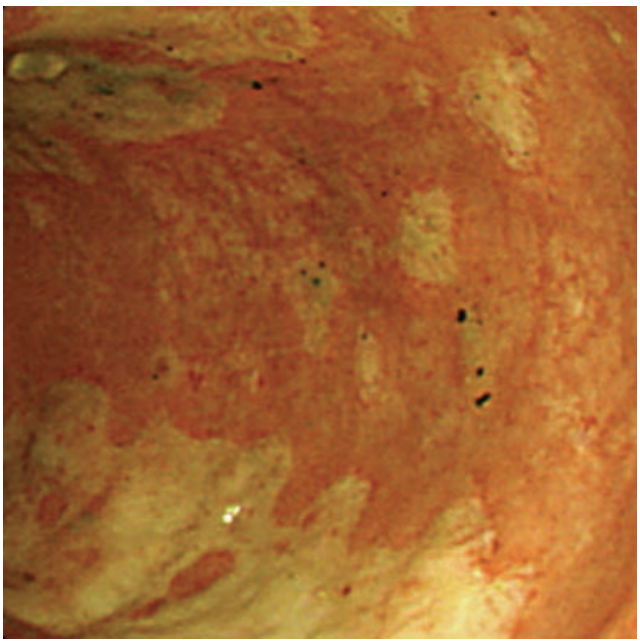

Figure 1

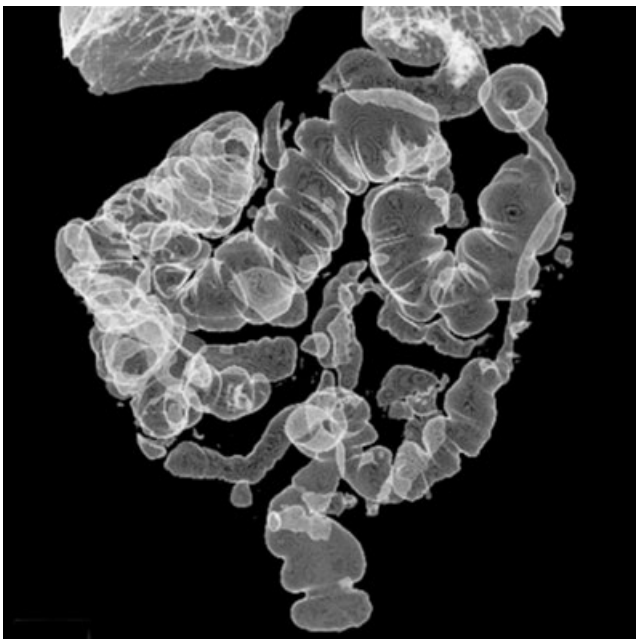

Figure 2