

**Title:**  
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DOI: 10.17235/reed.2022.8605/2022

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Sierra Gabarda Olivia, Espinosa Pérez María, Casas Deza Diego, Lamuela Calvo Luis Javier, Llorente Barrio Mónica, Monzón Báez Rosario María, Sierra Moros Eva, Alcedo González Javier. NSAID-induced ischemic colitis. Rev Esp Enferm Dig 2022. doi: 10.17235/reed.2022.8605/2022.

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## Carta 8605 inglés

### NSAID-induced ischemic colitis

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**Keywords:** Ischemic colitis. NSAIDs.

*Conflict of interest: the authors declare no conflict of interest.*

Dear Editor,

We present the case of a 38-year-old male with no previous medical history who presented to the emergency department due to abdominal pain and diarrhea with blood of 24 hours evolution. The patient reported the consumption of anti-inflammatories during the previous days due to back pain. Analytically, he presented elevated acute phase reactants and mild anemia. A colonoscopy was performed and mild inflammatory signs were observed in the recto-sigma region, as well as a very unstructured mucosal region of 45 to 60 cm from the anal margin with loss of the vascular pattern, ulcers and areas of pseudonodular appearance (Fig. 1 A and B). Atrophied intestinal mucosa, inflammatory activity and fibrinoleukocyte ulceration material were described in the biopsies obtained during the colonoscopy, corresponding to an ischemic pattern colitis. This was very likely related to the intake

of NSAIDs given the clinical context of the patient (Fig. 1 C and D).

NSAID-induced enteropathy is a rare and underdiagnosed pathology (1). This entity encompasses drug-induced colitis, which includes colopathy caused by NSAIDs, melanosis coli and colopathy associated with corticosteroids, among others (2). The pathogenesis of colitis caused by NSAIDs lies in the inhibition of COX 1-2 (cyclooxygenase 1-2) that leads to an activation of intestinal permeability. This leaves the mucosa vulnerable and easily attacked by intraluminal agents that favor the formation of ulcers with a potential risk of complications such as bleeding, protein loss, stenosis formation and perforation (3).

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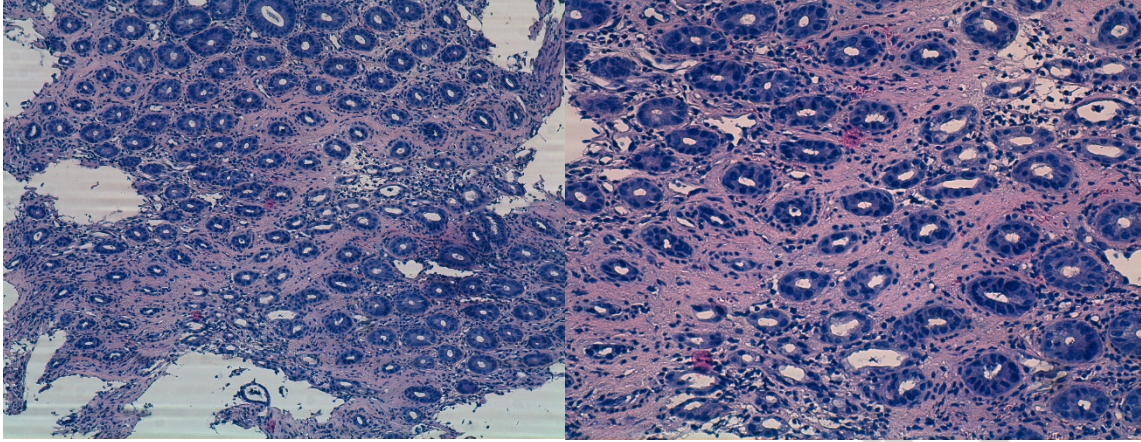


Fig. 1. Endoscopic images and histology of lesions. A. Ulcers and pseudonodular appearance mucosa. B. Swollen mucosa with areas of erythema and erosions. C. Mucosa depletion, atrophy and inflammation. D. Sclerohyaline stroma.