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A case of idiopathic mesenteric phlebosclerotic colitis associated with Chinese herbal medicine

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Keywords: Idiopathic mesenteric phlebosclerotic colitis. Chinese herbal medicine. Colonoscopy.

Dear Editor,

A 59-year-old female visited the outpatient clinic of our hospital due to intermittent abdominal pain and diarrhea for one year. She had a history of chronic viral hepatitis B for more than 20 years, and was diagnosed with liver cirrhosis ten years ago. She had taken over 20 types of oral Chinese medicines for a long time but mainly stir-baked Fructus Gardeniae and bupleurum root. Colonoscopy revealed a narrow lumen, significantly thickened semilunar folds, no vascular markings and redness and erosion of local mucosa. A lesion was located mainly on the right side, and the intestinal mucosa was tough during biopsy. Contrast-enhanced computed tomography (CT) of the abdomen showed extensive lesions in the transverse and ascending colons, a thickened intestinal wall and extensive calcification of mesenteric vessels in corresponding areas. The mucosal biopsy pathology (hematoxylin-eosin staining, ×20) suggested perivascular collagen deposition in the mucosa and visible sclerosis and fibrosis of the venous wall. The patient was differentially diagnosed with idiopathic mesenteric phlebosclerotic colitis (IMP) based on typical endoscopic, imaging and pathological features, combined with her history of long-term administration of Chinese medicines. After the Chinese medicines were discontinued for a period of time, her symptoms significantly improved.

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Discussion

IMP is a type of chronic ischemic enteropathy characterized by extensive calcification of superior mesenteric vein branches and vein walls in the colonic wall as well as thickening of the intestinal wall. IMP was first reported as “chronic ischemic colitis causing stenosis” by Koyama et al. in Japan in 1991. Yao introduced the concept of phlebosclerosis in 2000 (1), and then the disease was officially named IMP by Iwashita in 2003 (2). The cause of IMP remains unclear, but most known patients have a history of taking Chinese herbal medicines, especially those containing components of Fructus Gardeniae (3). Currently, IMP has no specific clinical symptoms and the diagnosis mainly relies on medical history and imaging and colonoscopy findings, i.e., characteristic imaging and endoscopic manifestations. The therapies for IMP include conservative treatment and surgical treatment; the indications for the latter include intestinal obstruction, abdominal pain and perforation. In addition, the surgical approach is correlated with disease severity; that is, the more severe the disease is, the larger the extent of resection (4). Most importantly, the symptoms and histological findings in the majority of patients improve after discontinuing relevant Chinese medicines (5).

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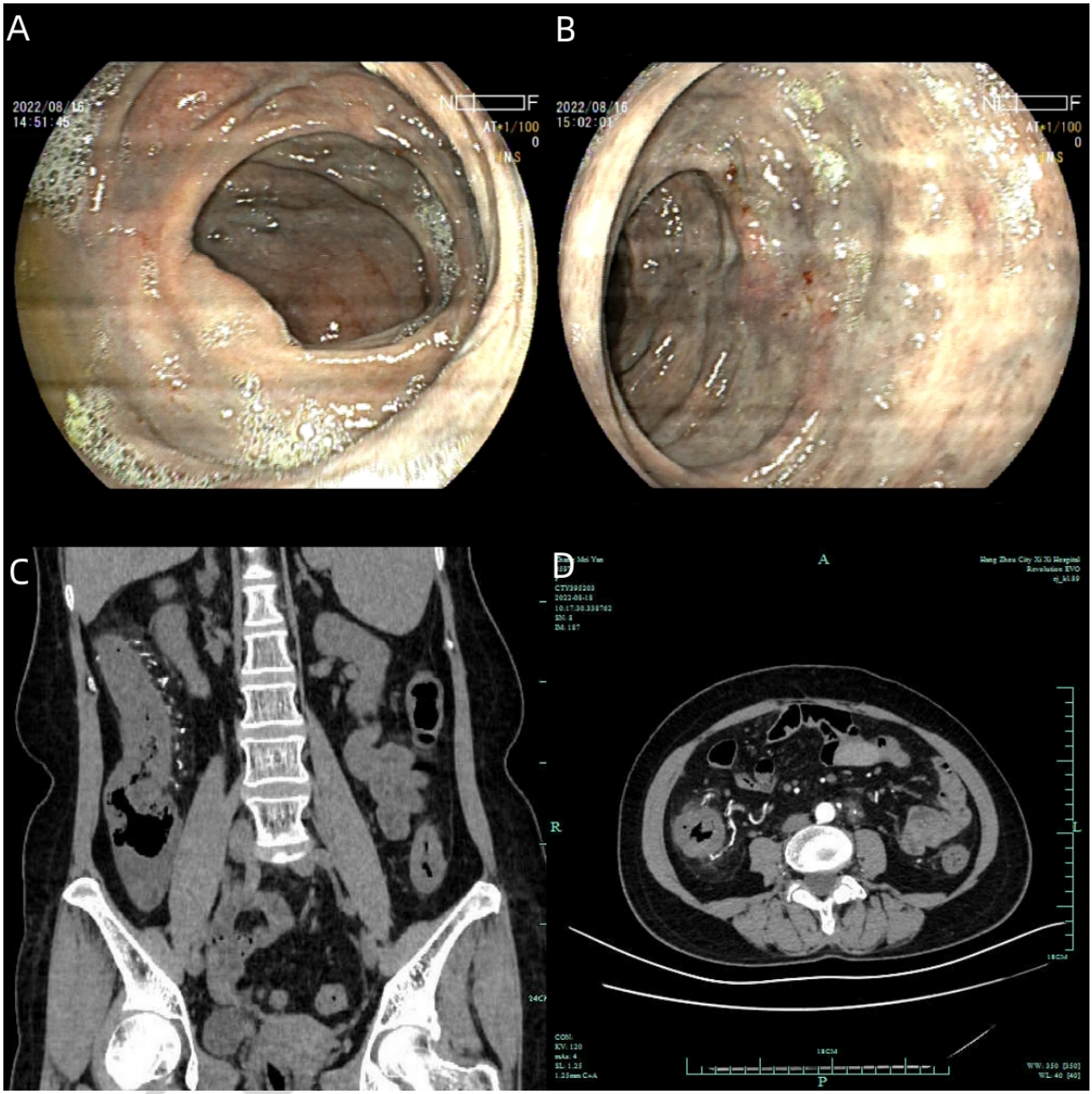

Fig. 1. A and B. Colonoscopy shows that the colonic mucosae is dark purple, the lumen is narrow, the semilunar folds are significantly thickened, the vascular markings disappear and redness and erosion of local mucosa are observed. C and D. Computed tomography (CT) shows extensive lesions in the ascending and transverse colon, thickened intestinal wall and extensive calcification of mesenteric vessels in corresponding areas.

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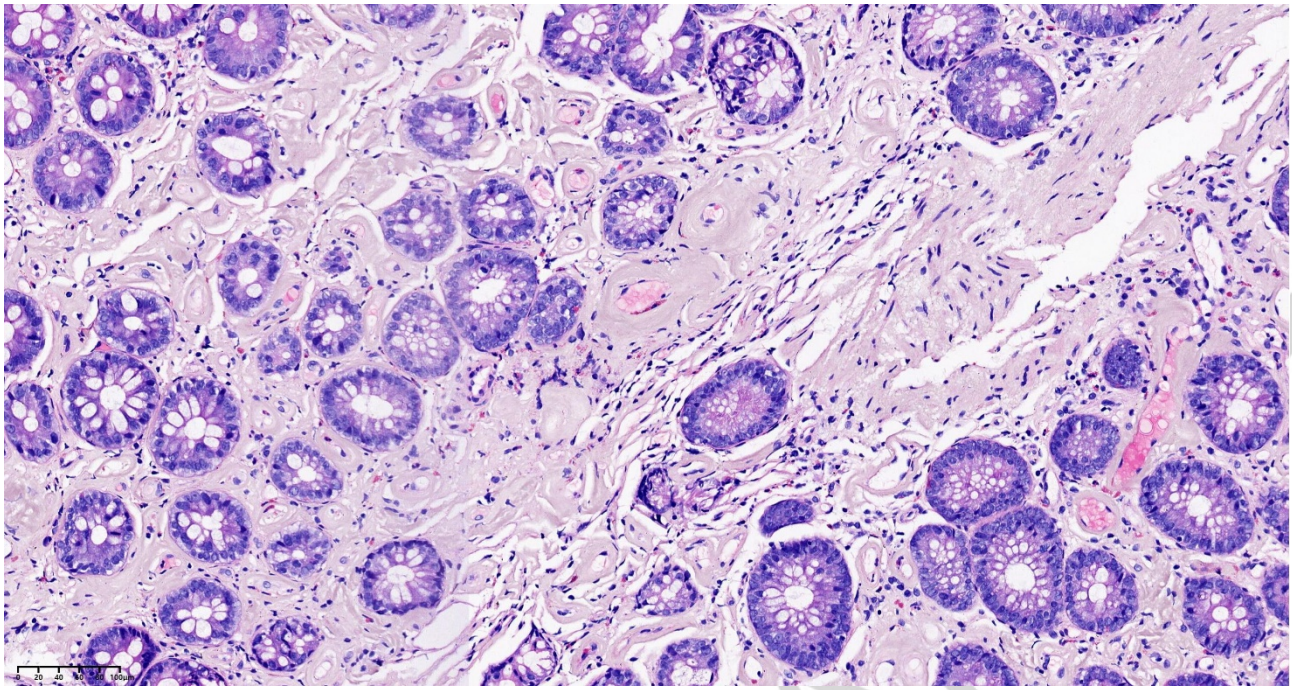

Fig. 2. The mucosal biopsy pathology (hematoxylin-eosin staining, ×20) suggested perivascular collagen deposition in the mucosa and visible sclerosis and fibrosis of the venous wall.