

Introduction

- Collagenous gastritis is a rare inflammatory disease characterized by deposition of a thick subepithelial band of collagen and associated inflammatory infiltrate.
- This disorder has a reported prevalence of 13 per 100,000 esophagogastroduodenoscopies (EGDs) with a female predominance.
- Two distinct clinical phenotypes have been described: adult-onset characterized by diffuse gastrointestinal involvement and diarrhea, and pediatric-onset manifesting with abdominal pain and anemia.
- Effective treatment strategies are still being investigated and have variable response rates.
- We present an interesting case of pediatric-phenotype collagenous gastritis to highlight this poorly-recognized disorder.

Case Description

- A 19-year-old male basic military trainee was referred for evaluation of incidentally discovered iron deficiency anemia.
- He denied any symptoms, overt blood loss, or NSAIDs.
- Physical exam was unremarkable. Labs revealed hemoglobin of 9.3g/dL, MCV 67, iron saturation 7% and ferritin <15ng/mL.
- The patient underwent EGD and colonoscopy for further evaluation. EGD revealed a diffusely nodular appearance of the gastric mucosa with areas of suspected atrophy under narrowband imaging (Figures 1, 2). Colonoscopy was normal.
- Biopsies returned with a nonspecific chronic gastritis without evidence of *H. pylori*.
- Abdominal CT and additional work up for autoimmune gastritis, H. pylori antigen, syphilis, and heavy metal toxins were all normal.

Contact Information:

Kendra T. Stilwell, DO Maj, MC, USAF Assistant Professor, USUHS Division of Gastroenterology & Hepatology Brooke Army Medical Center Kendra.t.stilwell.mil@health.mil

Collagenous Gastritis: A Rare Cause of Severe Iron Deficiency Anemia in a Basic Military Trainee Kendra T. Stilwell, DO¹, Douglas B. Walton, MD², James M. Francis, DO¹, Charles B. Miller, MD¹, Geoffrey A. Bader, MD¹

¹Department of Gastroenterology and Hepatology, Brooke Army Medical Center, Ft. Sam Houston, TX ²Department of Pathology, Brooke Army Medical Center, Ft. Sam Houston, TX



Figure 1. Gastric Body, High-Definition White Light



Figure 3A. Gastric mucosa with a prominent lymphoplasmacytic infiltrate within the lamina propria and occasional foci of increased subepithelial collagen deposition. [H&E, 40X]



Figure 2. Gastric Body, Narrow Band Imaging (NBI)

Figure 3B. Higher magnification shows an irregular subepithelial collagen band enveloping inflammatory cells with associated epithelial injury indicated by vacuolization and detachment of the surface epithelium. [H&E, 400X]

- service

- needed.
- endoscopic findings.

References:



Case Description Continued

Decision was made to repeat EGD for additional tissue sampling, including cold snared samples

Repeat gastric biopsies with expert GI pathologist review revealed collagenous gastritis, characterized by subepithelial deposition of a thick (>10µm) collagen band and associated inflammatory infiltrate (Figures 3A, 3B)

Patient was lost to follow up due to disqualification for military

Discussion

• Collagenous gastritis is an exceedingly rare heterogeneous disease process of poorly understood causes and pathogenesis, with autoimmune conditions, medication effects, and infections theorized to be responsible.

Numerous treatments have been reported with variable effect, including antisecretory agents, corticosteroids,

immunomodulators, and hypoallergenic diets, along with micronutrient supplementation.

• Topically targeted budesonide was recently found to be a more effective treatment in a recent study, but further research is

Due to its rarity, a high level of suspicion is required by gastroenterologists and pathologists based on clinical and

• Our case helps to bring awareness to collagenous gastritis, and emphasizes the potential value for repeat tissue sampling with expert GI pathologist review.

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