

Extraintestinal Manifestations of Ulcerative Colitis Presenting as Tracheobronchitis

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INTRODUCTION:

- Ulcerative Colitis (UC) is an inflammatory condition primarily involving the colon but is commonly associated with different extraintestinal manifestations.
- Pulmonary manifestations, specifically tracheal involvement, in UC is extremely rare with only a few documented cases in the literature to date.
- We present a case of pulmonary manifestations of UC presenting as a chronic cough in a patient with UC status post colectomy.

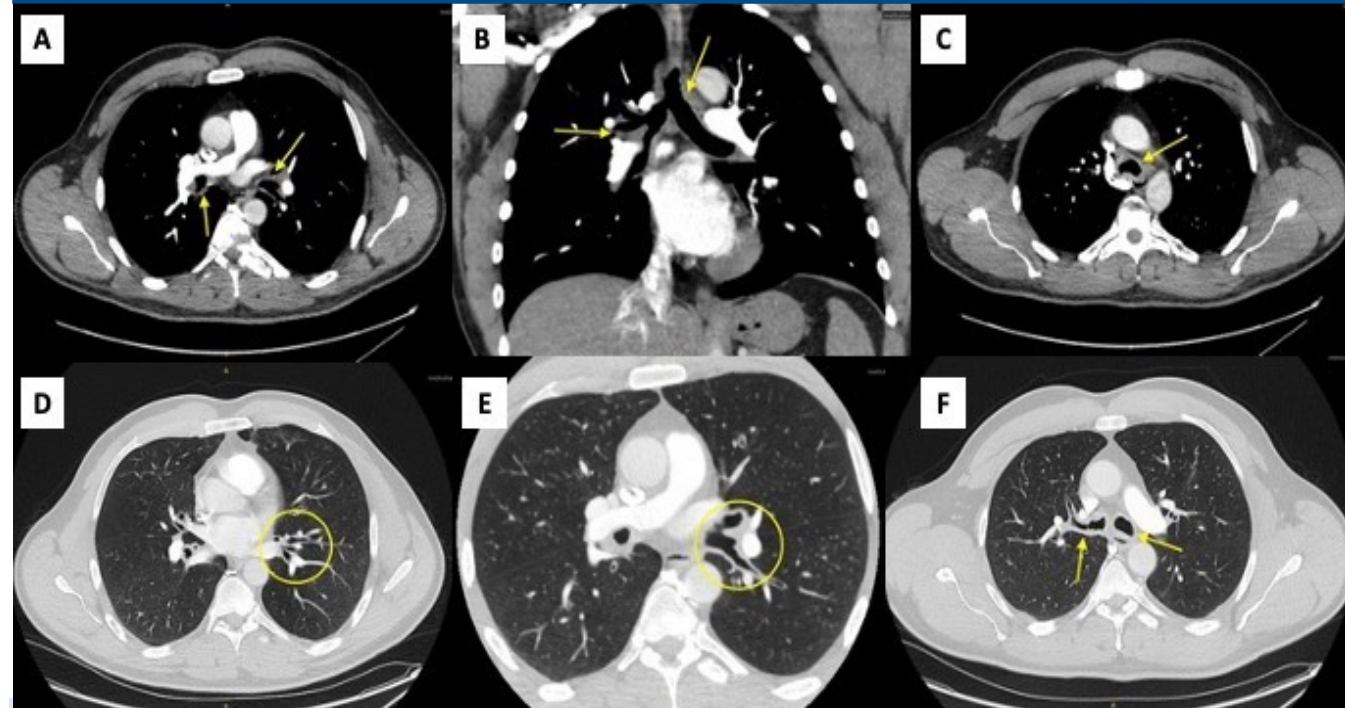
CASE REPORT:

- 54-year-old male with a history of GERD, reflux laryngitis, and UC status post total colectomy with J-pouch 10 years prior presented to his PCP's office with persistent shortness of breath, hoarseness, cough with thick sputum, and chest tightness.
- The patient had extensive wheezing and was instructed to utilize an albuterol inhaler and was prescribed a 10-day prednisone taper. Following completion of the regimen, the patient's chest tightness and dyspnea improved but his hoarseness and cough persisted.
- The patient was then started on Fluticasone Furoate-Vilanteril 100-25 mcg/inhalation and sent for CT chest which revealed moderate, concentric thickening of the trachea and the walls of the bronchi and bronchioles. There was no evidence of parenchymal disease or serositis, but findings were very suspicious for pulmonary UC involvement.
- Following initiation of Fluticasone Furoate-Vilanteril, the patient did have moderate improvement in symptoms. However, the decision was made to increase the dosage to Fluticasone Furoate-Vilanteril 200-25 mcg/inhalation to allow for inflammatory suppression over the course of the next couple of months given the CT findings.

DISCUSSION:

- Bronchopulmonary involvement only occurs in 0.21 to 0.4% of all IBD cases, and there are less than 20 documented cases of tracheobronchitis in UC patients in the literature.
- Fortunately, pulmonary involvement in UC responds favorably to corticosteroids often resulting in quick improvement both clinically and radiographically. However, given its manifesting symptoms, patients can be easily misdiagnosed with asthma or COPD if physicians do not have a high index of suspicion.

IMAGES:



Moderate concentric thickening of the wall of the trachea and diffuse thickening of the walls of the bronchi and bronchioles. Overall findings highly suspicious for airway involvement of ulcerative colitis.

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