

CAPECITABINE INDUCED RAPID ONSET TERMINAL ILEITIS IN PATIENT WITH STAGE III SIGMOID ADENOCARCINOMA



Atul Sinha, Jiten Desai, Kevin Yeroushalmi, Sandra Gomez-Paz, Pranay Srivastava, Shino Prasandhan, Deepthi Kagolanu, Krishnaiyer Subramani, Kaleem Rizvon
Nassau University Medical Center, East Meadow, NY

Introduction:

Capecitabine is a chemotherapy drug used in the treatment of colorectal cancer, particularly when a single agent is desired. It is known to cause diarrhea, usually mild, in the second or third week of treatment. We present of case of rapid onset diarrhea secondary to terminal ileitis beginning three days after starting capecitabine therapy.

Case Presentation:

A 42-year-old female with a history of T3N2 colon adenocarcinoma s/p left hemicolectomy two months prior presented with one day history of abdominal pain and watery blood-tinged diarrhea. Physical examination was unremarkable and patient was hemodynamically stable. Labs, including stool studies, were within normal limits. She had completed her first cycle of capecitabine three days prior to presentation. CT of abdomen showed diffuse small bowel wall thickening most prominent in ileum with reactive edema. Colonoscopy revealed erythematous and friable mucosa with ulceration and exudate leading to the diagnosis of terminal ileitis (Figure 2). Biopsy showed severe active ileitis with focal surface erosion and increased number of eosinophils in the ileum. Patients was discharged after seven days of IV antibiotics and opted for different chemotherapy agent for further treatment.



Figure 1: CT scan - Abdomen showed diffuse small bowel wall thickening most prominent in ileum with reactive edema



Figure 2: Colonoscopy revealed erythematous and friable mucosa with ulceration and exudate in the terminal ileum

Discussion:

Capecitabine-induced terminal ileitis is a rare but serious adverse effect that clinicians must watch for in patients being treated with this medication. It has been seen within one week of initiation of therapy in patients with dihydropyridine dehydrogenase deficiency (DPD). This is the only case we have found to demonstrate terminal ileitis development within one week of starting capecitabine in a patient without DPD deficiency. We feel that this is an important case to discuss because we do not want clinicians to attribute the signs and symptoms of terminal ileitis to just a benign medication associated diarrhea, particularly when occurring so quickly after treatment initiation. Clinicians need high index of suspicion, and these patients need urgent workup to prevent poor outcomes.