



INTRODUCTION

- Microscopic enteritis is an inflammatory condition in the small bowel that causes chronic diarrhea and bloating.
- It is associated with gluten intolerance, allergies, drug therapy, inflammatory bowel disease, and autoimmune conditions.
- Despite the prevalence of risk factors for microscopic enteritis, the understanding of the disease remains limited.

CASE DESCRIPTION

- A 33-year-old man with past medical history of major depressive disorder presented with chronic diarrhea.
- Seven months ago, he started to have 2-5 loose bowel movements daily, with Bristol stool consistency ranging from 4-7.
- The diarrhea did not improve with fasting and was not nocturnal, but heavy meals worsen his symptoms.
- The patient denied having abdominal pain, bright red blood per rectum, incontinence, weight loss, fever, or chills.
- The patient attempted to take pancrelipase, loperamide, probiotics, increased fiber intake, with no improvement in his symptoms.
- Workup was negative for tissue transglutaminase and stool culture for gastrointestinal pathogens, but significant for fecal calprotectin >200 mcg/g.
- Colonoscopy showed non-bleeding internal hemorrhoids, normal entire colon and terminal ileum (Figure 1).
- Pathology of the biopsy taken from the terminal ileum showed small intestinal mucosa with mild intraepithelial lymphocytes suggesting a diagnosis of inflammatory bowel disease vs microscopic enteritis.
- The patient was started on budesonide 9 mg by mouth daily for 2 months, which led to diarrhea resolving and remaining asymptomatic off the medication.

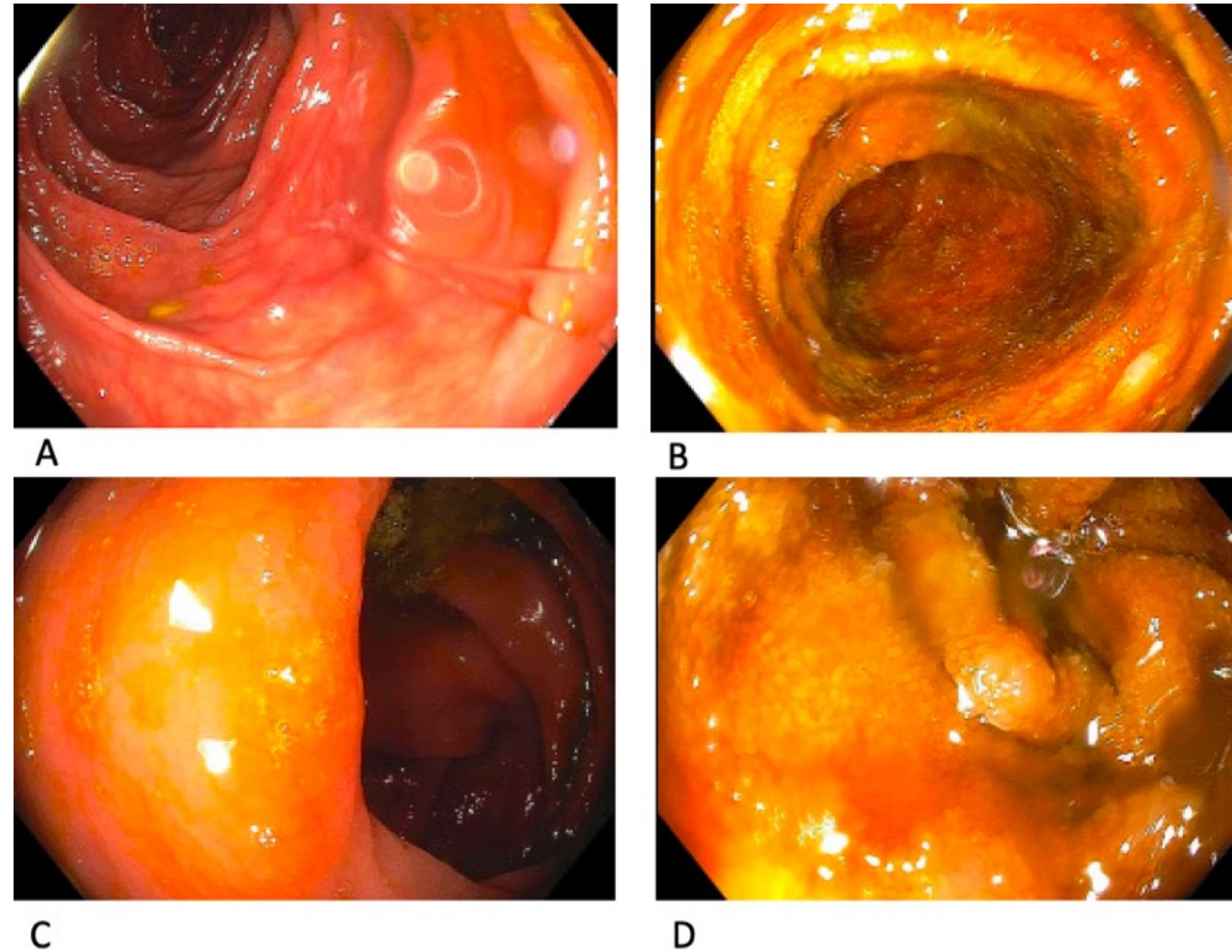


Figure 1:
A. Descending colon.
B. Ascending colon.
C. Ileo-cecal valve.
D. Terminal ileum.

DISCUSSION

- Microscopic enteritis is an inflammatory condition that affects the small bowel.
- It can be caused by infection, gluten intolerance, medications, or autoimmune diseases.
- Workup for microscopic enteritis involves testing for endomysial antibodies, anti-tissue transglutaminase, HLA typing and immunoglobulin titers.
- To avoid missing this diagnosis in a patient with chronic diarrhea, in addition to the common practice of random colonic biopsies to rule out microscopic colitis, intubation of the terminal ileum along with biopsies should be performed.
- Histologically, the epithelium in microscopic enteritis is infiltrated with lymphocytes, and lamina propria has increased eosinophils and plasma cells.
- Given the known response of microscopic colitis to budesonide, a trial of budesonide was started and was sufficient to resolve the patient's symptoms and lead to complete clinical remission.