

# Iron Deficiency Anemia Secondary to Colonic Diaphragm Disease

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## Introduction

An uncommon complication of chronic NSAID use is the formation of diaphragm-like strictures, usually in the small intestine.

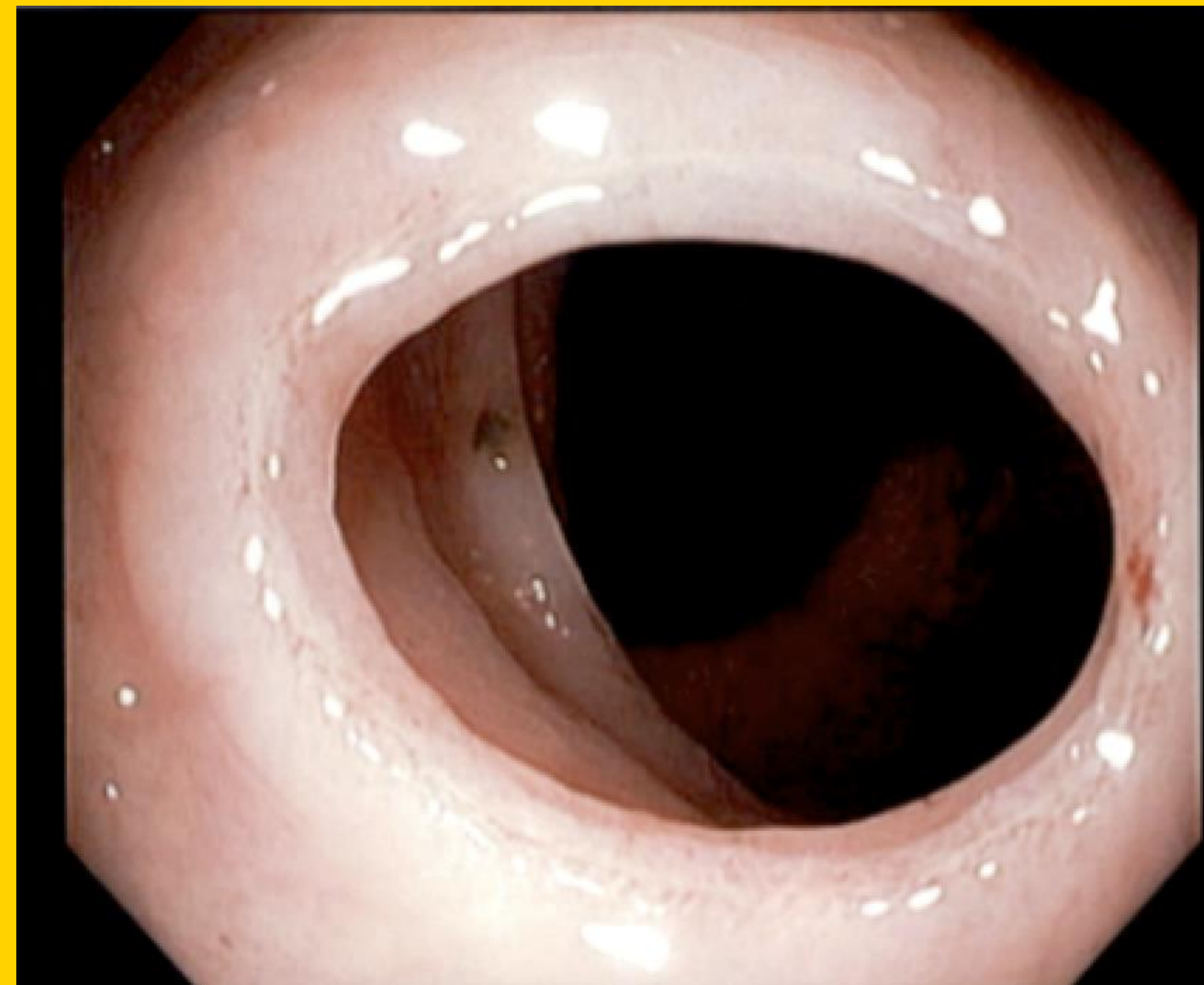
This case is one such example of the rarer diaphragm-like strictures found in the colon of a patient with history of chronic NSAID use.

## Case Details

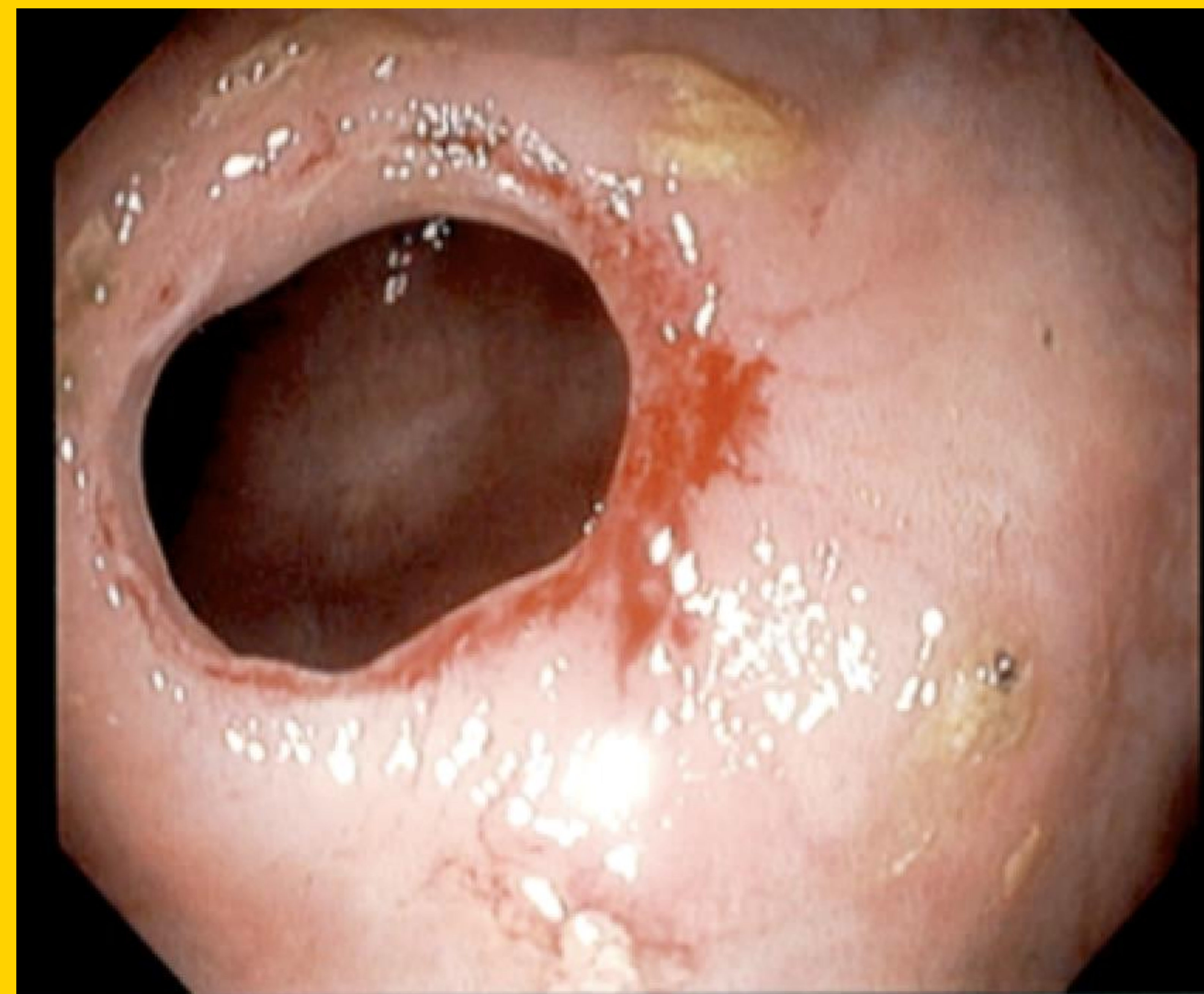
69-year-old female with medical history of chronic low back pain and associated long-term twice daily NSAID use presented with dyspnea on exertion, fatigue, lightheadedness, and dizziness for one month. She denied any sign of overt GI bleeding or changes in stool. The patient last had a colonoscopy five years prior to presentation which revealed several benign polyps that were excised at that time. Labs revealed HGB of 6.2 with iron deficiency anemia.

Colonoscopy revealed 5 benign strictures in the transverse and ascending colon. Due to significant stenosis, CRE balloon dilation was performed. Pathology findings were not suggestive of inflammatory bowel disease or malignancy.

Patient was advised to stop taking NSAIDS.



Colonic diaphragm as seen on colonoscopy



Colonic diaphragm with inflammation and source of bleeding

## Discussion

NSAID-induced diaphragm-like strictures are encountered most often in the small intestine, specifically at the ileum.

Patients may present with changes in bowel habits, occult blood loss, obstruction and rarely perforation.

Discontinuation of NSAID use is the mainstay of treatment and is largely successful in relieving symptoms.

Endoscopic dilation may alleviate significant stricture, and in cases of bowel obstruction, surgery may be indicated.

Poor recognition of NSAID-induced colonopathy has led to misdiagnosis with conditions such as Crohn's disease.



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