



Fibrosing Colonopathy In Chronic Alcoholic Pancreatitis: A Diagnostic Dilemma

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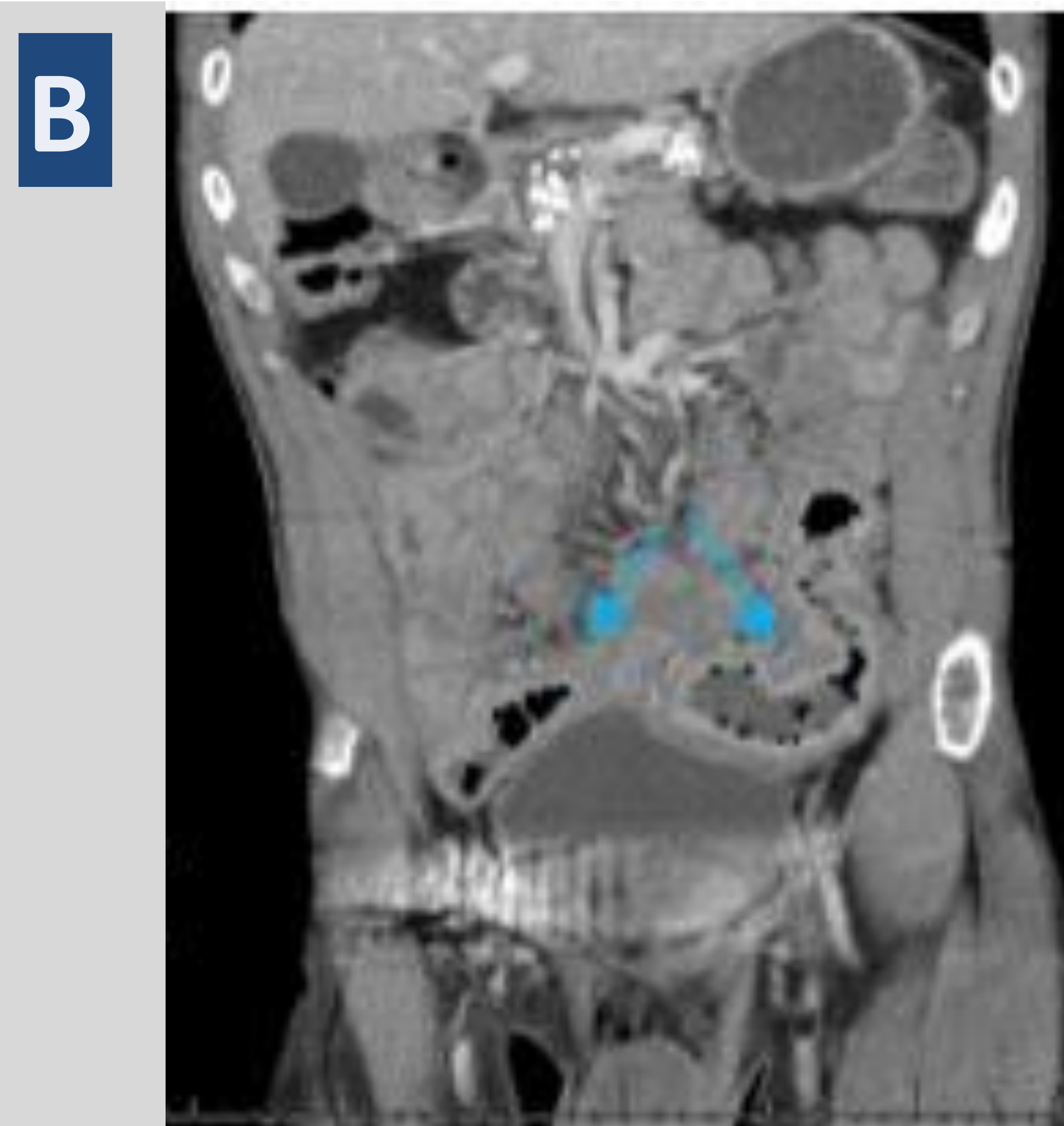
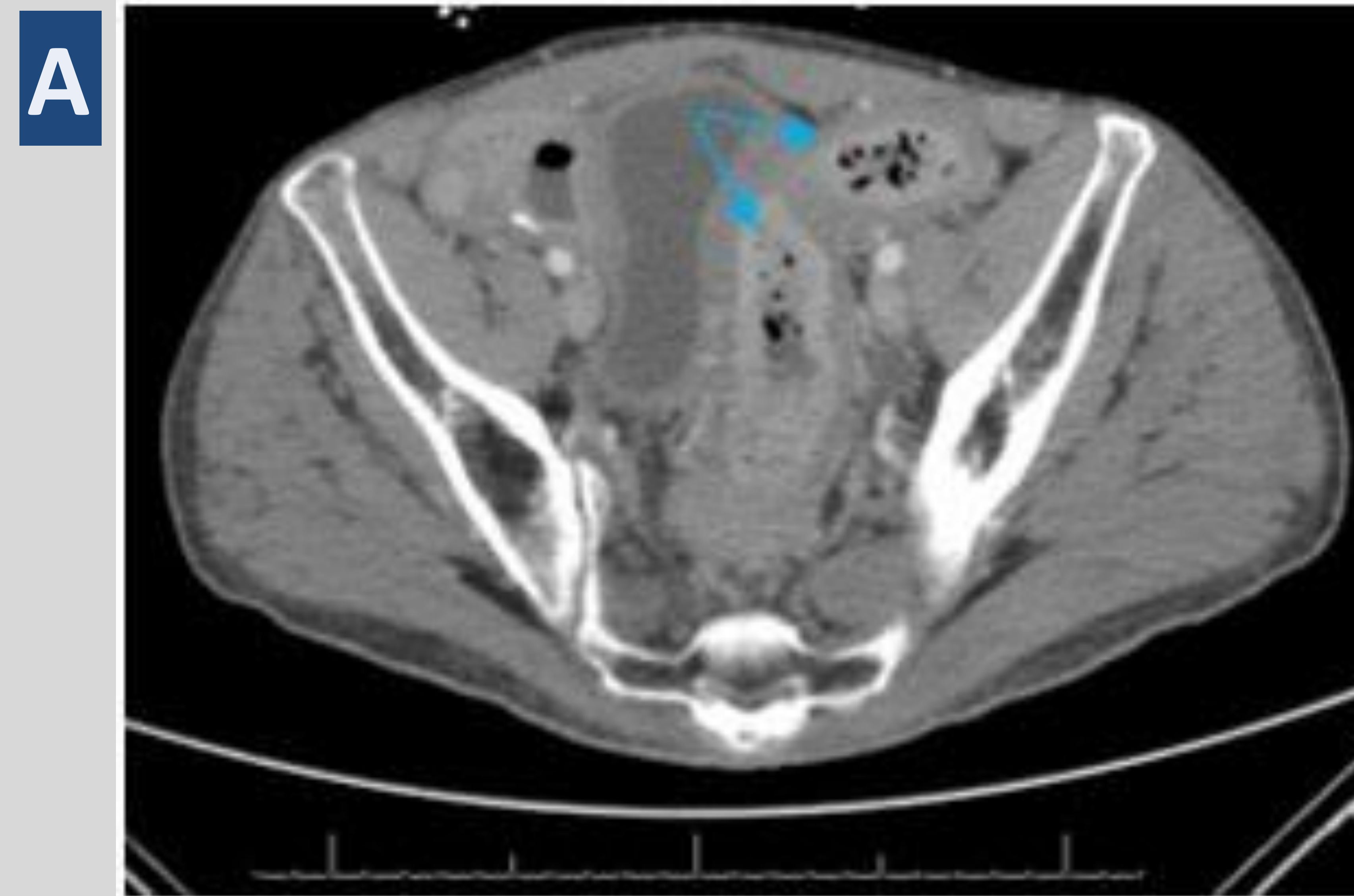


INTRODUCTION

- **Fibrosing colonopathy (FC)** is a rare entity that has been associated with **high-dose pancreatic enzyme replacement therapy (PERT)** and has been mostly reported in patients with **cystic fibrosis**
- We present a case of **chronic alcoholic pancreatitis** and **FC** that **eluded diagnosis for 4 years** resulting in multiple endoscopic interventions.

CASE DESCRIPTION

- A 47-year-old male with a history of **substance abuse** and **chronic alcoholic pancreatitis** presented with 1.5 days of **lower abdominal pain, nausea** and **vomiting**
- He reported **chronic watery diarrhea** up to **5 times/day** and **lost 20 kg** within **1 year**
- His current weight was **64 kg**
- Patient was on pancrelipase 24,000 units thrice daily, but he was **intermittently non-adherent with PERT** due to **socioeconomic issues**
- He had **21 prior CT scans** suggestive of **colitis** for which he underwent **5 lower endoscopic evaluations** in the span of **4 years**
- **Random colonic biopsies** from these endoscopies were all **histologically normal**
- **Work-up** for infectious, celiac, thyroid and inflammatory bowel diseases was **unremarkable**
- Fecal elastase was undetectable
- Vitamins **A, D** and **E** levels were **low**
- After a **second careful review** of all prior images with radiologist, there was evidence of **chronic, colonic wall thickening without inflammation consistent with FC**
- After excluding other pathology, **exocrine pancreatic insufficiency** was the likely etiology of his symptoms
- The patient was continued on the **current dose of PERT** and **nutrition consultation** was recommended.



REFERENCES

- Bansal DS, Price A, Russell C, *et al.* Fibrosing colonopathy in an adult owing to over use of pancreatic enzyme supplements. *Gut* 2000;46:283-285.
- Dodge JA. Fibrosing colonopathy. *Gut* 2000;46:152-153.

DISCUSSION

- FC is a long segment colonic disease characterized by a **gradual, fusiform stenosis** of the lumen resulting from **submucosal fibrosis**
- The exact pathogenesis remains **unknown**, but it has been associated with high doses of PERT and **compounds in the enteric-coated material**
- FC may occur **months to years** after the initiation of high-dose PERT
- Interestingly, our patient was on PERT for 5 years and was **prescribed an appropriate dose**
- FC commonly manifests as **abdominal pain, diarrhea, hematochezia** and, in some cases, **small bowel obstruction**
- **Prior intestinal surgery** is a possible risk factor for FC
- On endoscopy, a **loss of haustral pattern** or “**cobblestone**” colonic mucosa may be seen
- While a **full thickness colonic resection** is the **gold standard** for diagnosis, FC was diagnosed in our case based on **clinical and radiologic data** after **exclusion of other pathology**
- Management of FC involves **avoidance of high doses of PERT (>10,000 units/kg/day)**
- **Surgical resection** of the colon is reserved for refractory cases

CONCLUSION

- **Fibrosing colonopathy (FC)** is a rare entity that has been associated with **high-dose pancreatic enzyme replacement therapy** and should be considered in the appropriate clinical context.

FIGURE LEGEND

- **Figures A and B:** Axial view (top) and coronal view (bottom) of an abdominopelvic computed tomography scan with intravenous contrast demonstrating colonic wall thickening of the mid and distal sigmoid colon (blue arrows).