

Ulcerative Colitis and Concomitant Pulmonary Sarcoidosis Leading to Colectomy – A Case Series

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INTRODUCTION

- A common HLA serotype was found among patients with concomitant ulcerative colitis and pulmonary sarcoidosis, however the role it plays in disease severity is unclear ^[1]
- We present two patients with rapidly progressing ulcerative colitis refractory to conventional therapy

CASE 1

- A 45-year old male presented with 15-20 episodes of hematochezia a day and nocturnal bowel movements and was diagnosed with ulcerative colitis (UC)
- He was started on mesalamine and vedolizumab, then switched to ustekinumab, adalimumab, and finally infliximab
- The patient did not respond to any of the above therapies
- He underwent colectomy within one year of diagnosis
- Ten years prior he was diagnosed with pulmonary sarcoidosis. At the time of his UC diagnosis, his annual pulmonary function tests were normal and he was not taking steroids

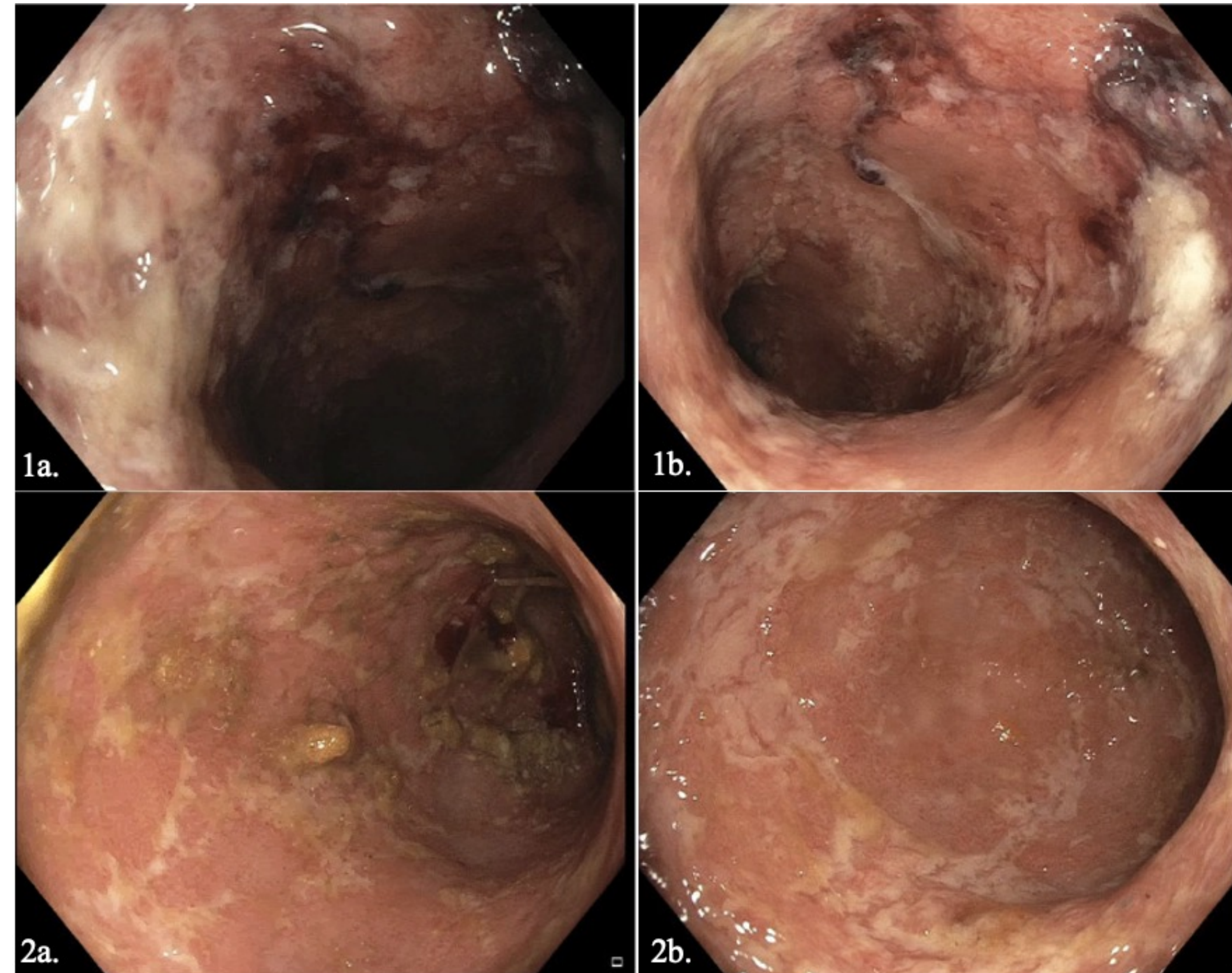
CASE 2

- A 52-year old female presented with three months of hematochezia and anemia that was initially thought to be gastroenteritis
- She underwent imaging and endoscopy which showed colitis. It was initially thought to be Crohn's disease, but later reclassified as UC
- She was started on infliximab but was a primary non-responder
- After one year, she received three doses of vedolizumab before being switched to ustekinumab
- After induction, she developed worsening UC symptoms and required hospitalization. She underwent colectomy during this hospitalization, three years after diagnosis
- Pulmonary sarcoidosis was diagnosed three year prior to her UC diagnosis. She was on low-dose steroids since diagnosis

DISCUSSION

- Both patients had rapidly progressing disease despite biologic therapy, requiring colectomy
- Most studies performed to date are studying the relationship between Crohn's disease and sarcoidosis
- Increased CD4/CD8 ratios are specific for sarcoidosis with similar expansion of T cell subsets in patients with CD ^[2]
- The presence of both more often in siblings and monozygotic twins suggests a genetic component
- The patterns above have not yet been studied in patients with UC and sarcoidosis
- One case report has suggested a common HLA serotype present in both UC and sarcoidosis ^[2]
- One study has even contradicted the pattern seen in these patients, which suggests that sarcoidosis can lead to less penetrative UC and fewer colectomies ^[3]
- More studies need to be conducted to study the relationship between UC and sarcoidosis and elucidate the prognosis and potential complications

FIGURES



Diffuse severe inflammation characterized by erythema, friability and deep ulcerations of the rectum (Fig 1a. and 1b.). Less severe inflammation characterized by erythema of the sigmoid colon (Fig 2a. and 2b.).

REFERENCES

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