Ischemic proctitis in a diabetic patient

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To the editor,

Ischemic colitis is the most common form of intestinal ischemia, which results from lack of blood flow in the absence of mechanical obstruction. Acute ischemic colitis usually occurs in the descending and sigmoid colon. The rectum is affected very rarely because of its abundant collateral blood supply. Ischemic proctitis is usually related to a derangement in the central circulation from congestive heart failure, arrhythmia, hypotension or vasoconstrictive drugs (1). In this report we present a case of ischemic proctitis in a patient with non-insulin-dependent diabetes mellitus (NIDDM).

A 52 year-old non-insulin-dependent diabetic woman was admitted to our outpatient clinic with a 2 week history of abdominal pain and hematochezia. Her past medical history was significant for a ten-year history of NIDDM and hypertension. On physical examination she had lower abdominal tenderness with minimal palpation. Her initial laboratory findings revealed a hemoglobin level of 8.4 mg/dl, leukocyte count of 11600 /dl, and serum glucose level of 183 mg/dl. Multiple stool cultures were negative. Colonoscopy showed necrotic mucosa with subepithelial hemorrhage, fragility and bullous mucosal lesions extending from the dentate line to the 16th cm of the rectum (Fig. 1). CT scan showed a markedly thickened bowel wall in the distal sigmoid colon and edematous mesorectum. Colonoscopic biopsies demonstrated changes consistent with ischemic proctitis, including vascular congestion, mucosal necrosis, edema and loss of crypts (Fig. 2). The patient was hospitalized and urgent antibiotic and anticoagulant therapy was started. On the 14th day of treatment the clinical course of the patient was favorable and a reevaluation colonoscopy showed that all pathologic appearance of rectal mucosa observed in the initial colonoscopy had disappeared (Fig. 3).

Colonic ischemia is very rare and it can be occlusive or nonocclusive. Nonocclusive ischemia results from lack of blood flow in the absence of mechanical obstruction. Ischemic proctosigmoiditis accounts for 3-5% of all cases of ischemic disease of the large bowel. It is very rare and relates to its abundant collateral blood supply. The mechanism leading to ischemic proctitis is not completely clear. Although an independent relationship between ischemic colitis and previous diagnosis of cardiovascular risk factors like diabetes mellitus has been

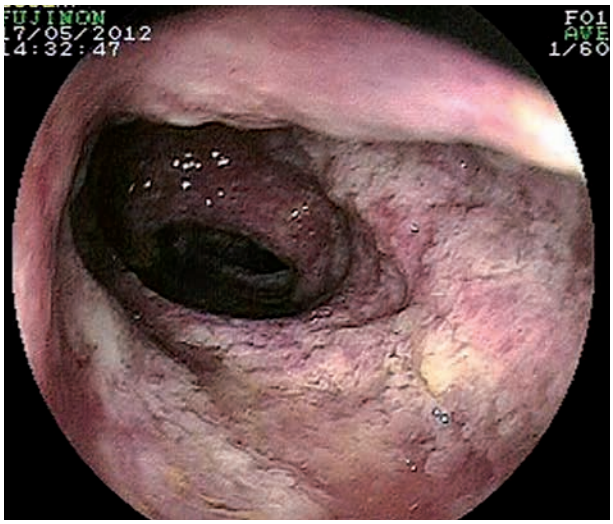

Fig. 1. — Colonoscopy showing necrotic mucosa with subepithelial hemorrhage, fragility and bullous mucosal lesions extending from the dentate line to the 16th cm of the rectum.

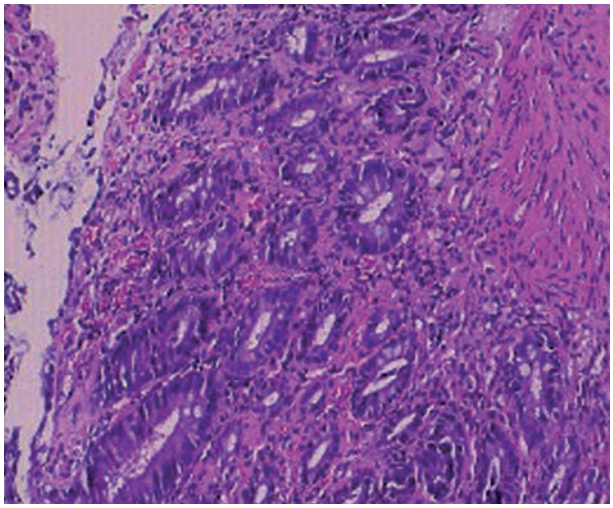

Fig. 2. — Pathological examination of colonoscopic biopsy showed changes consistent with ischemic proctitis, including vascular congestion, mucosal necrosis, edema and loss of crypts (H-E, ×40).

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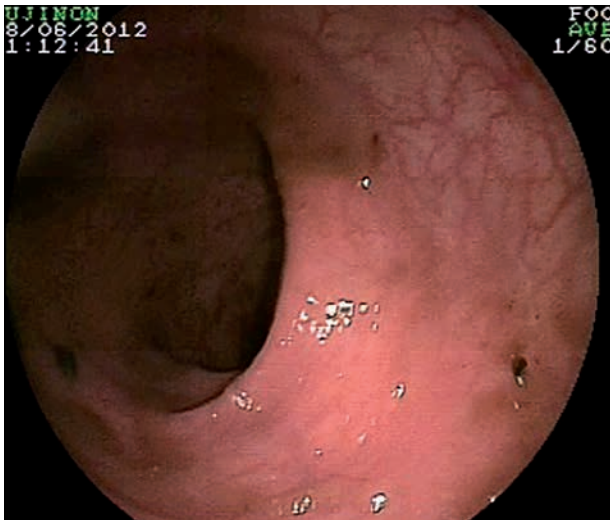

Fig. 3. — Reevaluation colonoscopy revealed normal mucosal appearance in the rectum.

reported before (3), to the best of our knowledge, our case is the first in the literature in whom diabetes mellitus is the main etiologic factor for the development of ischemic proctitis. In conclusion, although it is an extremely rare localization for intestinal ischemia, ischemic proctitis can be observed in chronic diseases like NIDDM and it should be kept on mind in comorbid patients with abdominal pain, diarrhea and hematochezia.

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