

## Membranous colitis : a potentially bone-deep diagnosis

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### Question

A 44-year-old patient, with a history of cutaneous mastocytosis, was referred to our center following chronic attacks of diarrhea and epigastric pain. A previous colonoscopy was regarded as macroscopically normal. However, a new colonoscopy, performed at the time of acute complaints, revealed diffuse loss of vascular pattern in the transverse and sigmoid colon, with sloughing white membranes (Figure 1-left). Histological evaluation showed moderately active erosive colitis and increased numbers of eosinophilic granulocytes (Figure 1-right).

What is the diagnosis?

### Answer

Histopathology revealed markedly increased mast cell infiltration on c-KIT and tryptase staining (50-70/HPF) (Figure 2-left). Serum tryptase levels were elevated (34 µg/L, upper limit of normal 11 µg/L) and aggregates of spindle shaped, CD25 positive mast cells were identified on bone marrow biopsy.

Several diseases are known to exhibit increased gastrointestinal mast cell infiltration, such as inflammatory bowel disease, irritable bowel syndrome and Verner-Morrison syndrome (1). Therefore, criteria such as detection of mast cell aggregates or sheets, spindle shaped or c-KIT positive mast cells and pathological CD25 expression should be used for the diagnosis of systemic mastocytosis (SM) (2). Using these criteria, diagnosis of an indolent SM with membranous colitis was made.

As triple antimediator therapy with a H1-, H2-blocker and anti-leukotriene failed to reduce gastrointestinal symptoms, enteric coated budesonide (9mg daily) was

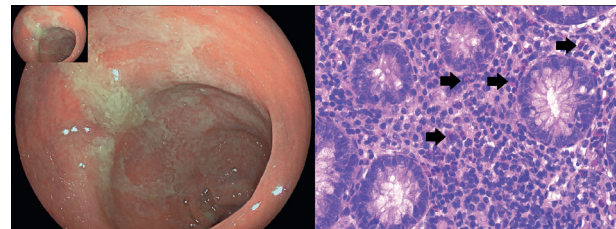


Fig. 1.

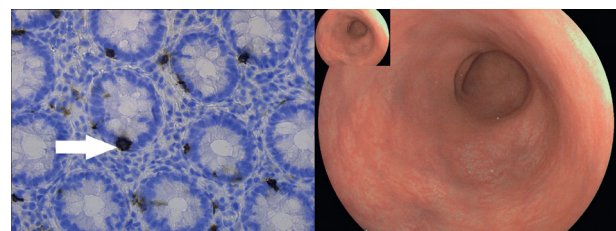


Fig. 2.

initiated, resulting in swift clinical, endoscopic (Figure 2-right) and histological remission (20 eosinophilic granulocytes/HPF). Our case illustrates that in patients with diarrhea and membranous colitis, work-up for mastocytosis should be considered.

### Potential competing interests

None.

### References

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