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Tuesday, 24 October 2006

No.: PS-31 - Poster Session

Session title: VASCULAR DISEASE AND GI BLEEDING

Time: 12.15-14.00

Room: Halle 11.1

TUE-G-229 CLINICAL CHARACTERISTICS AND OUTCOME OF ISCHEMIC COLITIS IN SPAIN. A MULTICENTRE AND PROSPECTIVE STUDY (ICS STUDY)

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INTRODUCTION: Colonic ischemia (CI) is a disease with a natural history poorly well-known and often underestimated. **AIMS & METHODS:** To review clinical presentation, evolutive patterns and outcome of patients diagnosed of ischemic colitis in Spain. **Methods:** This was a multicentre, prospective and observational study including patients with CI diagnosis. Ischemic colitis diagnosis was classified in probable (clinical and endoscopy or surgery findings) and definite (histopathology confirmation) in accordance with Brandt's criteria. Clinical characteristics, endoscopy presentation, histopathology, outcome and index of suspicion at admission were analyzed. **RESULTS:** Between May 2005 and April 2006 we included 171 patients with CI diagnosis (70.7% definite diagnosis; 22.7% probable diagnosis) (mean age, 75 +/- 8.9 years; 55.2% were male). Over 65 years old (86%), hypertension (65.7%), diabetes (23.8%) and constipation (27.9%) were the main risk factors associated with CI. Nine patients (5.2%) fulfilled criteria Rome II for irritable bowel syndrome. Clinical symptoms were rectal bleeding (80.2%), abdominal pain (73.3%), and diarrhea (36.6%). Eighty patients (46.5%) had a typical clinical presentation with abdominal pain followed by rectal bleeding and urgent desire to defecate, however CI diagnosis at admission was only established in 23.3%. The most common colonoscopy findings were oedema and hyperaemia (88.8%), superficial ulceration involving a segment of colon (60.5%), deep ulceration (19.8%) and necrosis (8.1%). Typical hemorrhagic nodules were not seen as often (21.5%), but colonoscopy was rarely performed before 48 hours (16.3%). Pathognomonic histopathologic findings such as infarct of the mucosa and ghost cells were only seen in 5.6% and 3.2% respectively. In regard to clinical course, 147 patients (85.5%) presented a nongangrenous form: transient and reversible colitis with "restitutio ad integrum" of the mucosa (57.6%) and chronic segmental colitis (27.9%). Gangrenous forms were only presented in 21 patients (14.5%): universal fulminant colitis (2.3%) and gangrenous necrosis (12.2%). The overall mortality rate was 7.6% and it was associated with gangrenous forms ($p < 0.0001$). **CONCLUSION:** The index of suspicion for clinical diagnosis of ischemic colitis was lower than we expected. Nongangrenous forms were the most common of clinical patterns and most of these patients had a favourable clinical course with restitution of the mucosa. This study was supported by Novartis Farmaceutica, Spain

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