

# Insights on Microscopic Colitis

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## Overview

Microscopic colitis is a chronic Inflammatory Bowel Disease (IBD) in which abnormal reactions of the immune system causes inflammation of the inner lining of your colon or large intestine that can cause watery diarrhea and cramping. It can be painful and unpleasant. Anyone can develop microscopic colitis, but the disease is more common in older adults and in women.

Microscopic colitis is an irritation of the digestive system, colon that causes tenacious watery loose bowels. The condition gets its name from the way that it's important to analyze colon tissue under a magnifying instrument to distinguish it, since the tissue may seem ordinary with a colonoscopy or adaptable sigmoidoscopy.

The cause of microscopic colitis is thought to be multifactorial, with the disease occurring in individuals who are susceptible to certain noxious luminal agents that result in microscopic mucosal inflammation. Fecal calprotectin is used for the diagnosis, monitoring disease activity, treatment guidance and prediction of disease relapse and post-operative recurrence in IBD. Patients with microscopic colitis have an increased risk of autoimmune disease, including thyroiditis, rheumatoid arthritis, psoriasis, and diabetes. The primary side effect is diligent non-bloody watery loose bowels, which might be abundant. Individuals may likewise encounter stomach ache, fecal incontinence, and unexpected weight reduction.

A higher occurrence of immune system infections, for instance joint pain, thyroid issues, and celiac sickness, has been accounted for in individuals with microscopic colitis. Relationship with different medications has been found, particularly proton siphon inhibitors, H2 blockers, Selective Serotonin Reuptake Inhibitors (SSRI), and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

Microscopic colitis is characterized by an increase in inflammatory cells, particularly lymphocytes, in colonic biopsies with normal

appearance and architecture of the colon. Inflammatory cells are increased both in the surface epithelium and in the lamina propria. The key feature is more than 20 intra-epithelial lymphocytes per 100 epithelial cells are observed.

Colonoscopic appearances are typically close to ordinary. As the progressions are regularly inconsistent, an assessment restricted to the rectum may miss instances of microscopic colitis, thus a full colonoscopy is essential for diagnosis.

## Microscopic colitis can be classified into following types:

There are three types of microscopic colitis

1. **Collagenous colitis:** In collagenous colitis a thick layer of collagen develops in colon tissue.
2. **Lymphocytic colitis:** In lymphocytic colitis lymphocytes count increase in colon tissue.
3. **Incomplete microscopic colitis:** In incomplete microscopic colitis there are mixed features of collagenous and lymphocytic colitis.

Researchers believe collagenous colitis and lymphocytic colitis might be different phases of the similar condition. Symptoms, testing and treatment are something very similar for all subtypes. MC can be considered as an immune-mediated disorder which involves adaptive immune system. Different types of toxins affect the mucosa and can trigger immunological responses. According to research, Four out of five people suffering from Microscopic colitis can expected to recover within 3 years. Studies have proved that probiotics can help people with Colitis because these micro organisms can help relieve symptoms of gut conditions. When the colon is inflamed due to the microscopic colitis, it becomes less efficient at absorbing water from the waste.

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