**Microscopic Lymphocytic Colitis**

**What is microscopic lymphocytic colitis?**

The term “colitis” simply means inflammation of the colon. Microscopic colitis (MC) only affects the colon, also called the large intestine, a portion of the bowel about five feet long. Scientists think that some people may develop an abnormal immune response to things that would normally be harmless, such as food, medicines, and “good” bacteria. These immune responses cause the colon to become inflamed and irritated.

Microscopic lymphocytic colitis occurs when the colon inflammation causes the body to create an increased number of lymphocytes, which are white blood cells. A crucial player in the immune system, lymphocytes are normally released in response to the body detecting the need to fight off a harmful intruder, such as bacteria or a toxin. In microscopic colitis, however, the body generates an abnormal immune response, releasing the white blood cells by mistake. The result is chronic inflammation in the lining of the colon, called the epithelium. When this happens, nutrients cannot be properly absorbed when food passes through, and the colon stays irritated.

**Who gets microscopic colitis and why?**

The actual cause is unknown, but scientists believe that some people develop the condition due to genetic factors, while others may develop MC after being exposed to a bacterial disease. Certain foods and medications also have been linked to MC. Another theory is that some people develop an allergy to their own “good” bacteria in the intestines, which causes the abnormal immune response.

Microscopic colitis is most commonly found in people age 45 and over, but more women than men seem to have lymphocytic colitis.

**How is microscopic colitis diagnosed at the lab?**

Healthcare providers may examine the large intestine using a sigmoidoscope or colonoscope, a thin, flexible tube with a tiny video camera. Because the characteristics of MC only affect the cells that make up the lining of the colon, it is not visually obvious during a colonoscopy or sigmoidoscopy, and a sample (biopsy) may be taken.

Tissue samples removed during a colonoscopy are sent to a pathology lab. There, the tissue is prepared on glass slides and reviewed by a pathologist (a doctor who has specialized in the microscopic diagnosis of disease), preferably one who focuses on diseases of the digestive tract.

The pathologist views the tissue under a microscope looking for abnormal cellular changes, including any changes in the epithelium.

The pathologist interprets the findings in the context of the clinical information provided by the patient’s healthcare provider. At Inform Diagnostics, difficult and unusual cases are reviewed together by our specialists at large multi-headed microscopes to ensure the most accurate and definitive diagnoses.

The pathologist creates a pathology report with all the important findings to help the healthcare provider decide treatment.

*Lymphocytic colitis is an inflammatory condition of the colon that can only be correctly diagnosed by looking at intestinal tissue samples under a microscope.*
How is microscopic lymphocytic colitis treated?

Lymphocytic colitis can be treated a number of ways. Antidiarrheal medications that contain bismuth and loperamide work for many patients. Other people may require a corticosteroid, such as budesonide, to effectively control their symptoms. Cholestryramine, a medicine that is used for other gastrointestinal problems, also can be effective for this condition. Some patients find it beneficial to eliminate foods that seem to cause irritation and an increase in diarrhea symptoms, such as fatty foods, caffeine, and foods containing lactose.

Learn more!

These resources provide more information about microscopic colitis and associated risks:

microscopiccolitis.org

Informational articles and online support forums for individuals suffering from MC and other inflammatory bowel diseases.

www.microscopiccolitisfoundation.org

The Microscopic Colitis Foundation raises public awareness of microscopic colitis to encourage research, and to inform and support patients, caregivers, and medical professionals about the management of this condition.

This material is intended for patient education and information only. It does not constitute advice, nor should it be taken to suggest or replace professional medical care from your healthcare provider. Your treatment options may vary, depending upon medical history and current condition. Only your healthcare provider and you can determine your best option.

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