Clofazimine enteropathy: a case of pigmentation of the whole small intestine caused by clofazimine

Clofazimine is mainly used for the treatment of neoplastic leprosy, and can also be used in combination with other antituberculosis drugs to treat multidrug-resistant tuberculosis. As is well known, clofazimine can within weeks cause skin pigmentation in 75% to 100% of patients, or, uncommonly, ichthyosis [1]. One of the most serious gastrointestinal side effects of clofazimine is deposition of black-purple crystals in the small bowel lamina propria, which leads to hyperpigmentation in the intestines. This most serious side effect of clofazimine, although rare, can result in severe or even fatal enteropathy [2]. We report a case of intestinal injury caused by clofazimine. After timely diagnosis and cessation of medication, the patient’s condition has significantly improved.

Our 32-year-old patient with drug-resistant tuberculosis developed abdominal pain after receiving anti-tuberculosis treatment with pyrazinamide, clofazimine, levofloxacin, and iminicotinamide for 16 months. Physical examination revealed that the skin on his back was reddish brown (Fig. 1), and the anterior tibial skin of both his lower limbs showed fish-scale-like changes (Fig. 2). Colonoscopy showed melanosis in the terminal ileum. The pathological report stated that tissue cells could be seen in the lesion area, and crystal-like substances could be seen inside (Fig. 3). Capsule endoscopy showed continuous pigmentation of the jejunum and ileum, with pigmentation of the jejunum being prominent (Video 1).

Clofazimine treatment was stopped, and within 5 months the patient’s abdominal pain disappeared and the pigmentation and fish-scale-like changes in the back and lower limbs decreased.

Acknowledgement

First of all, I would like to give my heartfelt thanks to all the people who have ever helped me in this paper. I am also extremely grateful to all my friends who have kindly provided me assistance and companionship in the course of preparing this paper. In addition, many thanks go to my family for their unflagging love and unwavering support. Finally, I am really grateful to all those who devote much time to reading this thesis and give me much advice, which will benefit me in my later study.
Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

Huan Zhang1, Qinghui Peng1, Xinhua Zhao1, Yuanjing He1, Jun Liu1
1 Department of Gastroenterology, Mianyang Central Hospital, Mianyang, China

Corresponding author

Huan Zhang, MD
Department of Gastroenterology, Mianyang Central Hospital, No.12 Changjia Lane, Jingzhong Street, Fucheng, Mianyang, 621000 Sichuan, China
719975994@qq.com

References


Bibliography

Endoscopy 2024; 56: E578–E579
DOI 10.1055/a-2344-8244
ISSN 0013-726X
© 2024. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (https://creativecommons.org/licenses/by/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

E-Videos

E-Videos is an open access online section of the journal Endoscopy, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. Endoscopy E-Videos qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: https://www.research4life.org/access/eligibility/).

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos