Ischemic colitis is an uncommon complication following colonoscopy, with only four reports so far in the literature in English [1–4].

An 81-year-old woman underwent a total colonoscopy for assessment, prompted by occasional abdominal pain and a positive fecal occult blood test. For cleaning of the large bowel, she ingested a solution of magnesium citrate. Four colonic polyps were endoscopically resected, including one in the sigmoid colon that was 1.5 cm in size (Fig. 1).

She had been receiving nicardipine hydrochloride, propranolol hydrochloride, and digoxin for hypertension and infrequent palpitations over 40 years. She had no history of connective tissue disease. The patient complained of abdominal pain in the left lower quadrant, 2 hours later, and this was followed by intermittent fresh bleeding from the anus overnight. On the next day, she had an elevated white blood cell (WBC) count (10,100/μL), reduced hemoglobin level (12.4 g/dL), and raised C-reactive protein (CRP) level (3.82 mg/dL), compared with the values before polypectomy (6200/μL, 13.9 g/dL, and 0.09 mg/dL, respectively). An emergency colonoscopy was then performed, which disclosed a segmental area of longitudinal petechial hemorrhages with edematous mucosa between the middle sigmoid colon and the sigmoid–descending colon junction (Fig. 2), that was compatible with findings of ischemic colitis.

The possibility of bleeding from any of the polypectomy sites was excluded by the complete colonoscopy examination (Fig. 2c). The patient made an uneventful recovery with conservative treatment, and her WBC count and CRP returned to normal levels in one week. She was discharged 8 days after the first colonoscopy.

According to a recent review, colonoscopy itself can be a causative procedure that predisposes to colonic ischemia [5]. In addition, antihypertensive agents and digoxin may decrease intestinal blood flow and have been postulated as risk factors [5]. We speculate that intake of these drugs also contributed to the disease manifestation in this patient.

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References
1 Wheeldon NM, Grundman MJ. Ischaemic colitis as a complication of colonoscopy. BMJ 1990; 301: 1080–1081
3 Cremers MI, Oliveira AP, Freitas J. Ischemic colitis as a complication of colonoscopy. Endoscopy 1998; 30: S54

Bibliography
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