

Abstract

We report a case of 49 y old Sri Lankan woman with undifferentiated inflammatory type large joint polyarthritis who was on the long-term diclofenac sodium and omeprazole presented with chronic watery diarrhea, intermittent abdominal pain, and weight loss. Her colonic mucosa was macroscopically normal and ileal biopsy has shown focally increased surface intraepithelial lymphocytes in keeping lymphocytic enterocolitis. Because of the presence of significant weight loss and malabsorption features, coeliac disease evaluation done with duodenal biopsy. Duodenal biopsy has shown non-specific duodenal lymphocytosis. Coeliac serology and HLA typing was not done due to the financial constraints and as its validity in the context of lymphocytic colitis and in Sri Lankan population not known. However, she was started on a gluten-free diet and NSAIDs were discontinued. She made a good recovery with an improvement in the quality of life. Lymphocytic colitis is one of the two subtypes of microscopic colitis which is a chronic inflammatory condition characterized by chronic diarrhea, macroscopically normal colonic mucosa, and abnormal histologic findings. There is a known association of concomitant use of nonsteroidal anti-inflammatory drug and Proton Pump Inhibitors with lymphocytic colitis. Coeliac disease, lymphocytic duodenitis, and other autoimmune conditions can be associated with lymphocytic colitis. Epidemiological and clinical data on lymphocytic colitis in Sri Lankan population is sparse and NSAIDs associated lymphocytic colitis has not been previously reported in Sri Lanka. This case highlights the importance of having awareness of this common treatable condition in a patient with chronic diarrhea with macroscopically normal colonic mucosa in the Sri Lankan population.