Microscopic Colitis
Fact Sheet

What is Microscopic Colitis?

Microscopic colitis (MC) is a type of inflammatory bowel disease (IBD). IBDs cause irritation and inflammation in the intestines. Microscopic colitis is associated with a type of inflammation of the colon that is only visible with a microscope. There are various forms of the disease. The most common forms are collagenous colitis, lymphocytic colitis, and mastocytic enterocolitis.

As is the case with Crohn’s disease and ulcerative colitis, the symptoms of MC can wax and wane. Once the disease is diagnosed, it is for life, because like the other IBDs, MC has no known cure. However, the symptoms can be controlled.

How is Microscopic Colitis Treated?

No FDA-approved medications are labeled for treating microscopic colitis. However, the disease can be treated by the use of medications labeled for use with other types of inflammatory bowel disease. These medications include anti-inflammatories such as corticosteroids and those based on mesalamine. Off-label use of other types of medications are sometimes prescribed, such as anti-diarrheals, medications that slow down gut motility, anti-spasmodics, bile acid sequestrants, antidepressants, and even narcotic painkillers. In cases unresponsive to conventional treatment, immune system suppressants have been prescribed, and surgery is rarely considered in extreme situations.

Unfortunately, in many cases when the use of a medication is discontinued, the symptoms return as the effects of the medication wear off.

What causes microscopic colitis?

As with the other IBDs, many causes have been suspected, but no single cause has been verified by conclusive medical research. In general, any source of chronic intestinal inflammation seems to be capable of triggering the disease. This appears to include not only the possibility of pathogenic triggers, but also physical, chemical, or emotional sources of chronic stress.

Please be aware that certain medications are known to trigger microscopic colitis.

These medications include (but are not limited to) nonsteroidal anti-inflammatory drugs (NSAIDs), antibiotics, proton pump inhibitors (PPIs), selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, angiotensin-converting enzyme (ACE) inhibitors, beta blockers, statins, and bisphosphonates.

In some cases, simply avoiding the class of drugs that is causing the inflammation can bring remission from microscopic colitis symptoms.

Can MC be treated by alternative methods?

Although no double-blind randomized controlled research trials (RCTs) have been published to either verify or refute that microscopic colitis symptoms can be controlled by diet changes, there is a vast database of epidemiological data available to support effective treatment by means of dietary changes.

Epidemiological data show that a very high percentage of microscopic colitis patients suffer from gluten sensitivity, despite the fact that the classic celiac screening tests will not detect this type of non-celiac gluten sensitivity (unless the patient also concurrently has celiac disease). The blood tests currently available are not sensitive enough to show positive results because of minimal damage to the villi of the small intestine. Gluten sensitivity causes increased intestinal permeability, resulting in sensitivities to additional types of food, commonly casein, soy, eggs, and in some cases, additional foods. To learn more, see:

http://microscopiccolitis.weebly.com/