



## Clinical Features and Management of Microscopic Colitis

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### DESCRIPTION

Microscopic colitis is an inflammatory condition of the colon characterized by chronic watery diarrhoea with normal or near normal endoscopic findings. It primarily affects older adults and is more common in women, although it can occur in any age group. The condition is divided into two main histological subtypes: collagenous colitis and lymphocytic colitis. Despite its subtle presentation, microscopic colitis can significantly impact quality of life due to persistent diarrhoea, nocturnal symptoms and social limitations. Awareness of its clinical features, diagnostic methods and management strategies is essential for timely recognition and effective treatment.

The pathogenesis of microscopic colitis is not fully understood, but it is believed to involve a combination of immune mediated mechanisms, genetic predisposition and environmental triggers. Autoimmune associations are common, with patients frequently having concurrent autoimmune disorders such as celiac disease, thyroid disease, or rheumatoid arthritis. Certain medications, including nonsteroidal anti-inflammatory drugs, proton pump inhibitors and selective serotonin reuptake inhibitors, have been implicated as potential triggers. Histologically, collagenous colitis is defined by a thickened subepithelial collagen band, whereas lymphocytic colitis is characterized by an increased number of intraepithelial lymphocytes without significant collagen deposition. Both forms demonstrate chronic inflammatory infiltrates in the lamina propria.

Clinical presentation typically includes chronic non-bloody watery diarrhoea, which can be intermittent or continuous. Patients may also report abdominal pain, urgency, fecal incontinence and nocturnal diarrhoea, which can be particularly disruptive to daily activities. Weight loss and

malabsorption are less common but may occur in severe cases. Unlike other inflammatory bowel diseases, microscopic colitis does not usually lead to severe systemic illness or increased risk of colorectal cancer, but it can cause substantial morbidity due to chronic symptoms.

Diagnosis relies on a combination of clinical suspicion, exclusion of other causes and histological confirmation. Routine blood tests are often normal or may show mild inflammatory markers. Stool studies help rule out infectious causes and other forms of colitis. Colonoscopy is generally normal in appearance, which distinguishes microscopic colitis from ulcerative colitis or Crohn's disease, making multiple biopsies essential for diagnosis. Histopathological examination confirms the subtype and guides treatment decisions. Sampling from multiple colonic segments increases diagnostic yield, as involvement can be patchy.

Management strategies focus on symptom control, removal of potential triggers and targeted pharmacologic therapy. Discontinuing medications associated with microscopic colitis may lead to symptom improvement. Initial treatment often involves antidiarrheal agents such as loperamide for mild symptoms. For moderate to severe cases, budesonide, a locally acting corticosteroid, has demonstrated high efficacy in inducing remission while minimizing systemic side effects. Other immunosuppressive agents, including azathioprine or methotrexate, may be considered in refractory cases, though evidence is limited. Supportive measures, including hydration and electrolyte management, are also important, particularly in patients with frequent diarrhoea.

The natural course of microscopic colitis is variable. Many patients experience spontaneous remission, although relapses are common and some may require long term maintenance therapy. Factors associated with recurrence include ongoing exposure to triggering medications,

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underlying autoimmune disease and certain lifestyle factors. Long term prognosis is generally favourable, with rare progression to severe complications, but chronic symptoms can significantly affect quality of life, necessitating a patient centered approach to management.

Research into the pathophysiology of microscopic colitis continues to expand, focusing on immune dysregulation, gut microbiota and genetic susceptibility. Emerging evidence suggests that dysbiosis, or an imbalance in intestinal microbial communities, may contribute to chronic inflammation and symptom persistence. Understanding these mechanisms could lead to novel therapeutic approaches, including microbiota targeted therapies or personalized treatment strategies. Additionally, ongoing studies aim to optimize steroid tapering regimens and evaluate the long term safety and efficacy of maintenance therapies.

Early recognition and appropriate treatment are critical for improving outcomes in microscopic colitis. Patients often undergo prolonged evaluation for chronic diarrhoea and delayed diagnosis can lead to unnecessary investigations and

patient frustration. Awareness among clinicians, particularly in primary care and gastroenterology, is essential to ensure timely colonoscopy biopsy and initiation of effective therapy. Education regarding disease course, treatment options and the potential for relapse empowers patients to manage symptoms and adhere to therapy.

In conclusion, microscopic colitis is a chronic inflammatory disorder of the colon that presents with persistent watery diarrhoea and normal endoscopic findings. Accurate diagnosis relies on histological examination, as symptoms are nonspecific and overlap with other gastrointestinal disorders. Management includes identification and removal of triggers, symptom control and pharmacologic therapy, with budesonide serving as the cornerstone of treatment for moderate to severe disease. While the prognosis is generally favourable, relapses are common and long term management strategies are often required. Continued research into the underlying mechanisms and novel therapies holds promise for improving patient outcomes and quality of life.