Cat scratch colon. A little known condition

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CLINICAL CASES

We report the case of two male patients who had previously undergone surgery for colorectal cancer (CRC) and had ileostomies. The first one, a 58-year-old patient, had undergone surgery 8 months earlier and was awaiting re-operation for ileostomy closure. The second, a 71-year-old patient, had undergone surgery 5 years earlier and rejected re-operation for ileostomy closure and reconstruction of the colonic tract.

Both patients visited our unit to undergo follow-up colonoscopies. Both procedures revealed mild colitis with erythematous and congestive mucosa, and a loss of vascular pattern compatible with diversion colitis. Upon air insufflation, linear marks became visible in the mucosa – superficial in the first case (Fig. 1) and deeper in the second, in which the muscularis mucosa was exposed (Fig. 2). Colonoscopy was successfully completed in both cases, and neither patient had secondary complications. Biopsy samples confirmed compatibility with diversion colitis.

COMMENTARIES

A clinical entity which has been termed “cat scratch colon” has been recently described (1). It is characterized by bright red linear tears that arise during colonoscopy procedures. These defects in the mucosa can present as superficial tears that resemble cat scratches (Fig. 1) or as deeper ones that can expose the muscularis mucosa (Fig. 2). The cat-scratch term was first used by McDonnell et al. (1), who, in a series of 8,277 colonoscopies, reported such lesions in 21 patients (0.25%). They observed collagenous colitis in 14% (3 patients), while the remaining 86% (18 patients) had a normal mucosa. This type of tear appearing during colonoscopy had previously been described by other authors both in patients with collagenous colitis (2,3) and with diversion colitis (4). Although cat scratch colon does not normally have clinical repercussions, some authors have reported secondary pneumoperitoneum (4).
As we reported in a previous paper, cat scratch colon can be ascribed to barotrauma caused by air insufflation in cases in which mucosal elasticity is found to be altered, regardless of causes (diversion colitis in our cases, collagenous colitis in others, and unknown causes in others) (5).

Although we have observed this lesion relatively often in patients with diversion colitis, none of them presented with secondary complications. We believe that patients with long-standing diversion colitis, such as the second case reported herein (Fig. 2), may be more predisposed to cat-scratch lesions.

REFERENCES