

Letters to the Editor

Ischemic colitis in an athlete: running is not always good for you

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Dear Editor,

Running is popular. Ischemic colitis has been reported in marathon runners (1-4). We present a case of an amateur runner who developed ischemic colitis after a relatively short run.

Case report

A 40-year-old woman with no relevant history presented with abdominal pain and rectal bleeding after running 2 km. She normally ran 2 h/day and had never experienced gastrointestinal discomfort during training.

Physical examination revealed a painful abdomen without signs of peritonism. Blood tests revealed anemia. Stool cultures and thrombophilia workup were negative. Abdominal CT showed wall thickening in the rectum and sigma (Fig. 1). Colonoscopy showed a linear ulcer in the rectum and signs of ischemic colitis; biopsy specimens confirmed ischemic colitis. The signs and symptoms resolved with conservative treatment, and she was discharged 72 h after admission. She remains asymptomatic after resuming training.

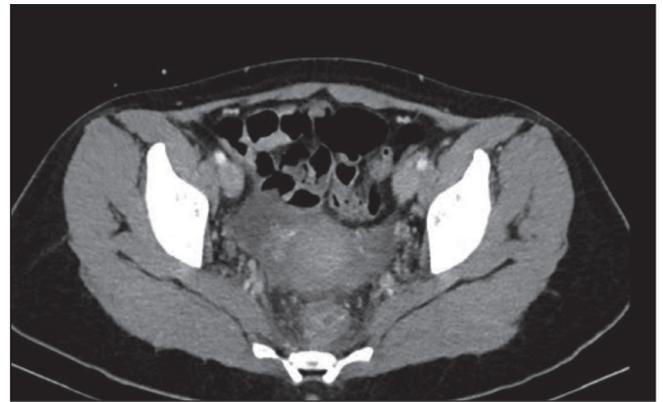


Fig. 1. Abdominal CT: congestive-appearing thickening of the walls of the distal sigma and rectum.

Discussion

Ischemic colitis can occur in endurance runners (1-5); it seems more common in young women with little training (1,2). The gastrointestinal symptoms are usually mild (2). The pathophysiology is related to increased activity of the sympathetic nervous system, which redirects splanchnic blood flow to the vital organs (2-4). Various factors decrease splanchnic flow: young age, high intensity and long duration of exercise, scant training, dehydration, and high temperatures (1,3). Some drugs (e.g., contraceptives) predispose to ischemic colitis (2,4).

The splenic flexure and rectosigmoid junction are most susceptible to low flow; however, exercise-related ischemic colitis most commonly affects the cecum and ascending colon (1,3,4).

The diagnosis requires high clinical suspicion. Abdominal CT facilitates the differential diagnosis and helps locate the lesion and determine its extent (4). The definitive diagnosis requires histologic confirmation. Ideally, colonoscopy should be done within 48 h of onset (1).

Conservative treatment usually brings improvement within 48 h (1). Nevertheless, pancolitis requiring surgery can occur (1,4).

Ischemic colitis should be suspected in acute abdominal pain after exercise. Most cases resolve favorably, but early diagnosis and management are necessary to avoid severe complications.

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