

Cocaine-Induced Ischemic Colitis

Recreational use of cocaine has become widespread over the past decade. Intestinal ischemia is a rare complication (1,2), which is attributed to the drug's vasoconstrictive effects (3).

A 38-year-old man presented with a two-day history of severe abdominal pain and thin, bloody stools. He was otherwise healthy, but had smoked a quantity of cocaine during the 48 hours preceding the onset of symptoms. The physical examination was normal except for abdominal pain, guarding, rebound tenderness and high-pitched, hypoactive bowel sounds. Laboratory tests revealed only a leukocytosis of 31×10^9 ; stool cultures were negative. Plain abdominal radiography showed thumb-printing in the transverse colon. At endoscopy, the typical appearance of ischemic colitis was encountered (Figure 1). Mesenteric angiography was normal. The patient was treated with intravenous nutrition and supportive measures, and discharged free of symptoms 30 days later. A barium enema before discharge demonstrated a stricture in the entire transverse colon



Figure 1: Endoscopic view of the patient's transverse colon with a typical appearance of ischemic colitis: friable, edematous mucosa with shadowy areas, submucosal hemorrhage, and patches of yellowish, fibrinous material.

(Figure 2). The patient was lost to follow-up due to imprisonment on drug-related charges. We are informed that he remains free of gastrointestinal symptoms.

The patient described was diagnosed as having ischemic colitis caused by the vasoconstrictive effects of cocaine. Of the 13 cases described to date, ten were treated surgically, with resection of necrotic seg-

ments. Only two were treated successfully nonsurgically, as was our patient; both also had ischemic colitis (4,5). The overall mortality was high: four out of 13 patients (31%), three of whom had small-bowel ischemia. As cocaine abuse increases, ischemic colitis should receive differential diagnostic consideration in users presenting with abdominal distress and bloody stools. Conversely, the possibility of co-

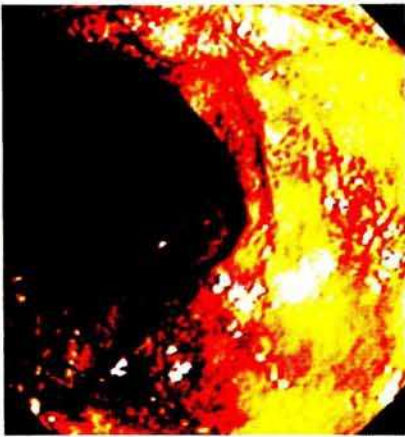


Figure 2: Barium enema radiography 30 days after admission, showing fixed stricture of the entire transverse colon (the patient was asymptomatic).

caine abuse should be explored if a diagnosis of intestinal ischemia is considered.

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