

Valley Gastroenterology

WHAT IS MASTOCYTIC ENTEROCOLITIS?

Mastocytic enterocolitis is a disease of the colon, or large intestine that is caused by an increased number of mast cells in the lining of the colon. It is believed that this increased number of mast cells is caused by a form of immune response by the gastrointestinal tract. This allergic response then causes a physical response by the body which results in diarrhea and abdominal pain. Previously, Mastocytic Enterocolitis was classified as diarrhea-predominant irritable bowel syndrome (IBS) due to the fact that there was not a more specific diagnosis. With this diagnosis, a more specific treatment regimen can be offered with the hope of relieving symptoms. Mastocytic Enterocolitis affects patients as young as 16 and has been documented in patients as old as 85. Mastocytic Enterocolitis is not associated with an increased risk for cancer and patients diagnosed with this disease usually have a normal endoscopy and normal endoscopic findings.

HOW IS MASTOCYTIC ENTEROCOLITIS DIAGNOSED?

During your endoscopy procedure, tissue biopsies were taken and sent to a specialized gastrointestinal pathology laboratory. At the laboratory, a special stain was utilized to highlight the mast cells in your tissue. The special stain revealed that the number of mast cells in your tissue was abnormally high and therefore you were diagnosed with Mastocytic Enterocolitis. Except for the increased number of mast cells, your tissue appeared to be normal with no additional findings.

WHAT ARE THE SYMPTOMS OF MASTOCYTIC ENTEROCOLITIS?

Individuals with Mastocytic Enterocolitis can experience a range of symptoms from mild to severe. However, the most common symptoms are as follows:

- Diarrhea
- Abdominal pain
- Unexplained weight loss

RISK FACTORS

At this time, there are no specific risk factors that appear to be associated with mastocytic enterocolitis. This disease is believed to be caused by an immune or allergic response and does not appear to be hereditary or

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related to any specific environmental or physical risk factor.

WHAT TREATMENT OPTIONS DO I HAVE?

Mastocytic Enterocolitis can be treated in most patients with simple drug therapy. It is important to note that not all patients may respond to the initial drug therapy and may be placed on additional drugs by their physician to try and eliminate the symptoms.

The goal of treatment is to try and reduce the number of mast cells in the colon and relieve symptoms like abdominal pain, diarrhea, and weight loss. Most individuals respond well to treatment and see a relatively dramatic reduction in their symptoms. Unfortunately, treatment may not always work for patients and you and your doctor may need to find another treatment regimen that can be successful for you and your condition.

Drug Therapy: The initial treatment for Mastocytic Enterocolitis includes the use of drugs which are known as H1 and H2 receptor antagonists (Cetirizine & Ranitidine)*. Many of these drugs are traditionally used to control seasonal allergies or other allergic reactions within the gastrointestinal tract. In some cases, a therapy known as cromolyn sodium may be used to prevent the release of mast cells.

WHAT ELSE SHOULD I ASK MY DOCTOR?

Are there any other tests that we need to perform?

What treatment do you suggest?

What are the benefits and risks of this type of treatment?

What else can I do to try and manage this disease?

WHERE CAN I FIND MORE INFORMATION?

American Gastroenterological Association: www.gastro.org

American College of Gastroenterology: www.acg.gi.org

American Society for Gastrointestinal Endoscopy: www.asge.org

*The treatment of chronic diarrhea and/or mastocytic enterocolitis is not an approved indication for

use for either Cetirizine or Ranitidine. Physicians should use proper medical judgment and scientific

rationale prior to prescribing any therapy for off-label use.