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Sumatriptan Associated Ischemic Colitis: A Case Report

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INTRODUCTION

- Ischemic Colitis (IC) is the most common form of ischemic bowel disease. It usually presents with a sudden onset of abdominal pain followed by hematochezia within 24 hours.¹
- Risk factors include age >60, cardiovascular disease, diabetes, peripheral vascular disease, vascular surgery and drug therapy.²
- Only a few cases of triptan associated IC have been reported.³⁻¹⁰
- We report a rare case of sumatriptan induced IC as well as cerebrovascular accident (CVA) in the absence of cardiovascular disease.

CASE PRESENTATION

- A 58-year-old Caucasian female with a past medical history of longstanding daily migraines presented with sudden onset of abdominal pain and bloody diarrhea. Patient subsequently developed left upper extremity weakness and paresthesia's.
- Patient was using sumatriptan-naproxen 10-60 mg 4 days a week. Patient denied recent sick contacts, fever, chills, recent travel, change in dietary habits, or recent antibiotic use. Patient was not taking oral contraceptives, was never a tobacco smoker, and denied illicit drug use. Patient did not have a history of coronary artery disease, diabetes mellitus, or cerebrovascular disease.
- Computed tomography (CT) of the abdomen and pelvis showed rectosigmoid colitis. Flexible Sigmoidoscopy performed, revealing dusky appearing sigmoid colon. Biopsy of the descending colon consistent with IC.

- Laboratory findings showed minimally low protein S without factor V Leiden mutation; however, this has low positive predictive value during an acute clot, hypercoagulability workup otherwise normal. Laboratory findings were normal and stool studies remained negative for infection.
- Magnetic resonance imaging (MRI) of the brain was suggestive 2-3 small acute infarcts in the right parietal lobe. Venous doppler's of bilateral lower extremities were negative for deep vein thrombosis.
- Transesophageal Echocardiogram and Transthoracic Echocardiogram were negative for thrombus or patent foramen ovale. Transcranial doppler with bubble study was negative. Patient was placed on a loop recorder that was negative for paroxysmal atrial fibrillation.
- Patient was diagnosed with cryptogenic CVA as her inpatient workup was negative.
- Sumatriptan was discontinued.

DISCUSSION

- This report demonstrates a case of histology proven IC and CVA in the absence of cardiovascular disease, atrial fibrillation, or intermittent low flow state of the systemic circulation.
- Our patient did not have any other known factors that would precipitate her IC including other prescription or illicit drugs use.
- Considering the above, is likely that her IC and her CVA was caused by her long-term use of sumatriptan.
- Triptans cause an agonist effect on the mesenteric 5-HT_{1B/1D} receptors leading to vasoconstriction, reducing blood flow and causing IC.⁸

CONCLUSION

- Risk factors for ischemic events should be considered prior to prescribing triptan medications
- There needs to be increased awareness of IC as a severe adverse event of triptan use.

REFERENCES

¹ Theodoropoulou A, Koutroubakis I. Ischemic colitis: clinical practice in diagnosis and treatment. *World journal of gastroenterology*. 2008;14(48):7302-8.

² FitzGerald JF, Hernandez Iii L.O. Ischemic colitis. *Clinics in colon and rectal surgery*. 2015;28(2):93-8.

³ Hodge JA, Hodge KD. Ischemic colitis related to sumatriptan overuse. *J Am Board Fam Med*. 2010;23(1):124-7.

⁴ Naik M, Pottluri R, Almasri E, Arnold GL. CASE REPORT: Sumatriptan-Associated Ischemic Colitis. *Dig Dis Sci*. 2002;47(9):2015-6.

⁵ Knudsen JF, Friedman B, Chen M, Goldwasser JE. Ischemic colitis and sumatriptan use. *Arch Intern Med*. 1998;158(17):1946-8.

⁶ Nguyen TQ, Lewis JH. Sumatriptan-associated ischemic colitis: case report and review of the literature and FAERS. *Drug safety*. 2014;37(2):109-21.

⁷ Schwartz DC, Smith DJ. Colonic ischemia associated with naratriptan use. *J Clin Gastroenterol*. 2004;38(9):790-2.

⁸ Westgeest HM, Akol H, Schreuder TC. Pure naratriptan-induced ischemic colitis: a case report. *Turk J Gastroenterol*. 2010;21(1):42-4.

⁹ Charles JA, Pullicino PM, Stoopack PM, Shroff Y. Ischemic colitis associated with naratriptan and oral contraceptive use. *Headache: The Journal of Head and Face Pain*. 2005;45(4):386-9.

¹⁰ Akbar A, Nissan G, Chaudhry P, Rangasamy P, Mudrovich S. Isolated naratriptan-associated ischemic colitis. *Proceedings (Baylor University Medical Center)*. 2016;29(4):410-1.