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Desire G. Guthier DO

Lehigh Valley Health Network, Desire.Guthier@lvhn.org

Emilee E. Kurtz DO

Lehigh Valley Health Network, Emilee.Kurtz@lvhn.org

Stacey Smith MD, FACP

Lehigh Valley Health Network, Stacey_J.Smith@lvhn.org

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Sumatriptan Associated Ischemic Colitis: A Case Report

Desire Guthier, DO, Emilee Kurtz, DO and Stacey J. Smith, MD

Department of Medicine, Lehigh Valley Health Network, Allentown, Pa.

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.

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