Cecal Ulceration due to Methotrexate

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A 69 year old woman was diagnosed with severe seropositive destructive deforming rheumatoid arthritis in 1981. Over the years she had been treated with numerous medications including non-steroidal anti-inflammatory drugs, steroids, gold preparations, penicilamine and hydroxychloroquine. Since she continued to suffer flare-ups, parenteral methotrexate 10–15 mg/week was started in 1995 resulting in relative remission. NSAIDs were discontinued at the beginning of 1998, and soon after she was put on low dose steroids.

In August 1998 she complained of rectal bleeding from hemorrhoids; there was no abdominal pain or diarrhea. Total colonoscopy revealed two cecal ulcerations [Figure]. Histological examination showed granulation tissue from the ulcer base as well as a few normal glands. There was no evidence of inflammatory bowel disease, tuberculosis, granulomatous disease or malignancy.

Oral ulcers [1] and toxic colitis [2] due to methotrexate have been reported previously, but there is no published evidence of cecal ulcers due to methotrexate treatment.

References


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