

Cecal Ulceration due to Methotrexate

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A 69 year old woman was diagnosed with severe seropositive destructive deformative rheumatoid arthritis in 1981. Over the years she had been treated with numerous medications including non-steroidal anti-inflammatory drugs, steroids, gold preparations, penicillamine and hydroxy chloroquine. 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

NSAIDs = non-steroidal anti-inflammatory drugs



previously, but there is no published evidence of cecal ulcers due to methotrexate treatment.

1. Cappel MS, Simon T. Colonic toxicity of administered medications and chemicals. *Am J Gastroenterol* 1993;88(10):1684–99.
2. Gispen JG, Alarcon GS, Johnson JJ, Acton RT, Barger BO, Koopman WJ. Toxicity of methotrexate in rheumatoid arthritis. *J Rheumatol* 1987;14(1):74–9.

References

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Neither snow nor rain nor heat nor gloom of night stays these couriers from the swift completion of their appointed rounds

Herodotus, Greek historian (485–425), describing how King Cyrus the Great of Persia set up the first organized system of mounted messengers. These words are inscribed on the stone face of the New York City Post Office.