Ulcerative colitis in a married couple

Ulcerative colitis has been ascribed variously to genetic influences and environmental factors. The rarity of this disease in married couples has been considered as evidence against the importance of environmental factors in the etiology of the disease. Till date, there are only about 39 cases of inflammatory bowel disease (ulcerative colitis and Crohn's disease) in husband-wife couples.1 There has been no previous report from our country of a married couple where both spouses developed ulcerative colitis after marriage.

A 50-year-old married woman had experienced diarrhea and abdominal discomfort off and on since 9 years prior to her marriage. She had been treated symptomatically initially. Barium meal follow-through was normal. She returned 26 years after marriage with history of bloody stools and lower abdominal pain. Colonoscopy revealed active right-sided colitis. Rectal biopsy was consistent with ulcerative colitis. She responded to steroids and is in remission with maintenance therapy with sulfasalazine.

Her husband, aged 55, presented a year after his wife did, with history of blood in stools of 7 days' duration. He had no significant past or family history. Colonoscopy showed grade II proctosigmoiditis; rectal biopsy was consistent with ulcerative colitis. Barium meal follow-through was normal. He responded well to steroid enemas and oral sulfasalazine.

Using prevalence data of inflammatory bowel disease in published works, Lobo et al2 and Bennett et al3 calculated that the occurrence of the condition in spouses in the United Kingdom and United States was greater than expected by chance. The occurrence of the disease in this spouse pair may be a chance occurrence; on the other hand, it might provide evidence for the involvement of an environmental factor in the pathogenesis of ulcerative colitis.

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References

Neonatal ectopic pancreatic cyst

A 10-month-old male child presented with progressively enlarging abdominal lump of 3 months' duration, and pain for one month. Ultrasonography revealed a thin-walled cystic mass arising in the pelvis and reaching up to the umbilicus. With a provisional diagnosis of retroperitoneal cystic hygroma, exploratory laparotomy was done. A large retroperitoneal cyst, 20 cm x 25 cm, filled with hemorrhagic fluid was found and excised. Other abdominal visceras were normal. The postoperative period was uneventful. Histology of the cyst revealed it to be a pancreatic cyst (Fig).

Ectopic pancreas, a rare developmental anomaly in which pancreatic tissue is found entirely separated from the main organ, is susceptible to the diseases a normal pancreas can have.4 Cysts in the normal pancreas are either congenital (usually multiple and associated with cysts in the kidneys, liver or spleen) or neoplastic. In the present case, the cyst, although solitary, could have been congenital in origin or could have developed after the ectopic pancreas bled,5 as evidenced by the hemorrhagic fluid within it.

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Fig: Microphotograph showing pancreatic acini in cyst wall (H&E, 100X)

References