

Grading acute radiation bowel injury: an unaddressed issue

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External beam radiotherapy to the pelvis is related with the development of radiation colitis, a consequence of radiation-induced mucosal and bowel wall injury. Although in recent years radiation techniques have improved, radiation toxicity remains a significant clinical problem resulting in treatment delays, increased patient hospitalization rates and remarkable short- and long-term morbidity [1]. No certain effective therapies of radiation-induced late proctitis exist. Treatment includes hydrocortisone enema, mesalamine enema or/and suppositories, and endoscopic coagulation. Formalin instillation can be effective in refractory hemorrhage. Radical surgery should be performed only when all conventional treatments have proved ineffective [2].

The patient presented herein received radiotherapy for prostate cancer and underwent endoscopy due to bloody defecations three months after the end of radiotherapy. He was diagnosed with acute radiation proctitis (Fig. 1) and was successfully treated with endoscopic coagulation and mesalamine suppositories for a period of three months.

Radiation toxicity to the bowel (radiation colitis, RC) is currently assessed using the RTOG/EORTC late radiation morbidity scale for large intestine as the only validated available scale to date [3]. Patients diagnosed with radiation colitis are traditionally divided into early (acute) onset RC (symptoms of RC within 6 months after completion of radiotherapy) and late onset RC (RC occurring later than 6 months after the end of radiotherapy). Although gastroenterologists are familiar with acute and delayed radiation colitis it is noteworthy that grading acute radiation injury to bowel mucosa still represents an unaddressed issue.

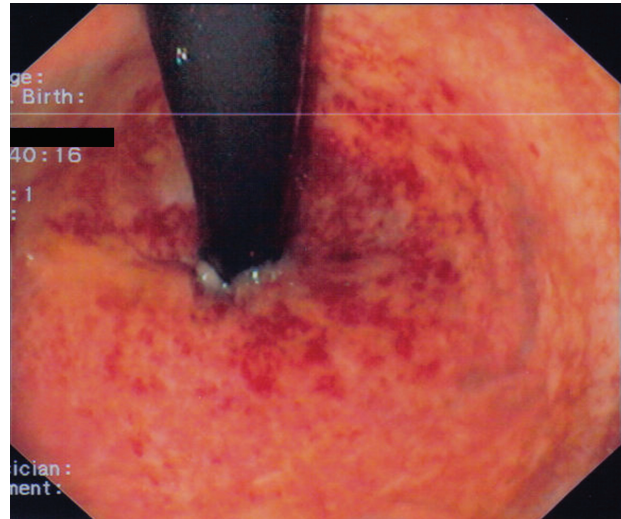


Figure 1 Acute radiation proctitis with bleeding petechiae and erythematous rectal mucosa

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