Corticosteroid Therapy and Ursodeoxicolic acid therapy in patient with Primary sclerosing cholangitis and Psychosis-Case Report

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Introduction: Corticosteroid therapy has several mechanisms of action such as anti-inflammatory, immunosuppressive and anti-proliferative activity. Unfortunately, there are numerous side effects, particular impact on the patient’s mental state. Budesonide has a strong but local limited activity in gastrointestinal tract; passes extensive biotransformation in the liver (about 90%) on the metabolites of poor glucocorticosteroid activity. But postmarketing reports include report about psychiatric disorders such are: psychosis, depression, aggressive reactions, irritability, nervousness, restlessness, anxiety, mood swings.

Case report: 34-year-old male who has been treated for the last 10 years due to ulcerative colitis and psychosis, has received for hospital treatment because his family noticed yellow skin. Basic laboratory elaboration was performed including viral testing. Ultrasonography of liver were done, and showed discreet dilatation of ductus choledocus, so we performed endoscopic retrogradecholangiopankreatography (ERCP), that showed a typical finding for sclerosing cholangitis so we made biliary stent implantation (Figure 1). We performed colonoscopy with multiple random biopsies accordingly to protocol for ulcerative colitis. Pathohistological diagnosis was in concordance with ulcerative colitis (Figure 2). Budesonid, azatioprin and mesalazin were introduced in teraphy. Pre-transplantation tests were made and patient is on the transplant list. After 4 weeks, bilirubin level went down to normal. During teraphy, there were no psychical problems. Patient is aware that liver transplantation will occur. He has no problem with accepting the operation. He is is regularly controlled by psychiatrist and gastroenterologists.

Conclusion: Aplication of budesonide, with ursodeoxycolic acid and asatioprin caused remission of ulcerative colitis and primary sclerosing cholangitis without worsening of psychical status of patient.