

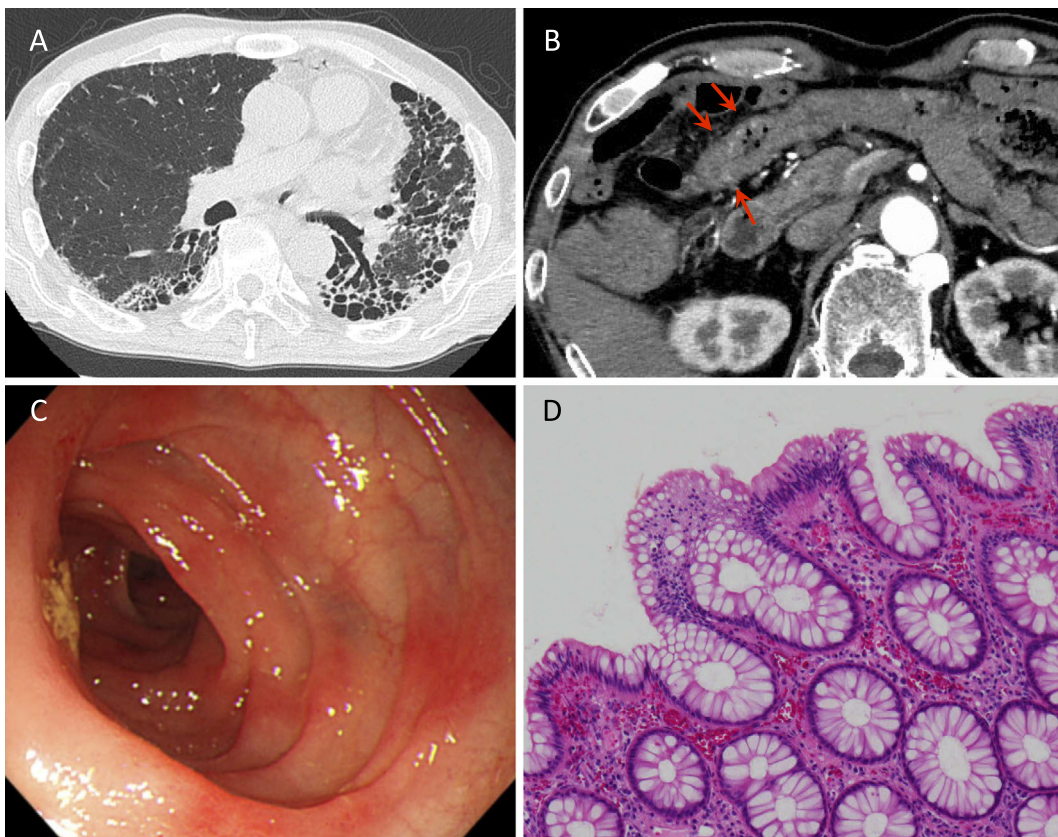
Colitis Associated with Nintedanib Therapy for Idiopathic Pulmonary Fibrosis (IPF)

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Key words: idiopathic pulmonary fibrosis, nintedanib, colitis

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Picture.

A 76-year-old Japanese man was diagnosed with idiopathic pulmonary fibrosis (IPF) based on high-resolution computed tomography (CT) (Picture A) three years prior. Nintedanib (300 mg/day) treatment was initiated to treat the IPF. Eighty-four days later, he visited our hospital with stomachache, chronic diarrhea and gross hematochezia. Abdominal contrast-enhanced CT showed bowel wall thickening (Picture B, red arrows). In addition, he underwent large

bowel endoscopy seven days after the cessation of nintedanib, which revealed erythematous mucosa without any ulcerated areas, with chronic active colitis on a biopsy (Picture C, D). His symptoms dramatically improved 10 days after nintedanib discontinuation, but the same symptoms reoccurred after readministration of the same dosage of nintedanib. Diarrhea was the most frequent adverse event reported in patients with IPF receiving nintedanib ther-

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apy (1, 2). Colitis associated with nintedanib therapy for IPF is relatively rare, and this case involved the histological evaluation of colitis.

The authors state that they have no Conflict of Interest (COI).

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