

Steroids Induced Diabetes

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A 40-year-old woman came to my clinic for help. She told me that about five months ago she had had abdominal pain and diarrhea for three days and went to one of the urgent care clinics in town. She was referred to have a colonoscopy by a screening colonoscopist (a physician who does screening colonoscopy for colon cancer without training in digestive diseases). She was diagnosed as having Crohn's Disease and was treated with steroids by the same physician. Her abdominal pain and diarrhea were resolved in one week after treatment with steroid and antibiotics. She has been instructed to continue steroid and Asacol for the rest of her life. She had gestational diabetes but did not have overt diabetes until she was treated with steroids. She gained almost 60 pounds. Her blood sugar was not controlled with the high dose insulin prescribed by the physician. She did internet research about her Crohn's Disease and diabetes. She realized that her diabetes was actually induced by steroids. She has repeatedly asked her physician to consider stopping the steroids, but she was told that her Crohn's Disease will be out of control if the steroid was stopped.

She came to my clinic for second opinion. I carefully reviewed her medical records and found that she might not have Crohn's Disease. The colonoscopy report stated that she had pan-colitis. The biopsy report showed acute inflammatory colitis of the whole colon but two biopsies from rectum and descending colon showed crypt abscess and crypt deformation. The pathologist listed several possible diseases for differential diagnosis including Crohn's Disease, infectious colitis and ischemic colitis and recommended clinician to analyze all related information to make diagnosis. The biopsy report did not show typical Crohn's Disease change and at maximal indicates indeterminate colitis.

I did standard Crohn's Disease work-up including colonoscopy. She had complete normal blood and stool tests for Crohn's Disease; colonoscopy with biopsy was completely normal. I stopped steroids and Asacol and adjusted her diabetes medications. In the follow-up visit, she continued doing well without any abdominal pain or diarrhea. She lost 40 pounds and her blood sugar was well controlled with one oral diabetic agent.

Crohn's Disease and ulcerative colitis (inflammatory bowel diseases, IBD) are autoimmune diseases with complicated mechanism. The medications used in IBD usually are very toxic and need very close monitoring. Physicians trained in GI program in US usually have the expertise in IBD diagnosis and treatment because IBD occupies a large proportion of their training.

If you are diagnosed with IBD and would like better management of this condition, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!