times with a history of previous bowel resection for CD.[4,5,10,20] IFP pathogenesis remains unknown and several authors shared the etiology of a florid granulation tissue proliferation in response to local trauma.[1,3,10] It has been proposed that either CD itself or previous abdominal surgery for the disease may be the local stimulus for the formation of this apparently reactive lesion, this local injury hypothesis being enhanced by the conjunction of an underlying inflammatory bowel disease. Histologically, other mass lesions could arising in the case of CD, such as lymphoid follicular hyperplasia, diffuse edema with lymphangiectasia, and also regenerative pseudopolyps which display an inflammatory mucosae with basophilic crypts and glands.[4] Of course, a malignant lesion should be excluded.

Concerning the management of intussusception, surgical resection of the bowel segment is required in most cases. Although IFP are benign lesions, 2 recurrence cases were reported in the literature after surgery.[21,22]

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Mesalazine-Induced Jaundice, Eosonophilia, and Thrombocytopenia

To the Editor:

A 45-year-old man was admitted as an acute surgical emergency with a 6-day history of right upper quadrant pain, jaundice, and pale stools. There were no identifiable risk factors for liver disease. There was an 8-year history of ulcerative colitis (currently quiescent) for which he was taking mesalazine 1600 mg (total duration of therapy = 100 months). The patient was jaundiced with no peripheral stigmata of chronic liver disease. The blood results were as follows: hemoglobin = 16.8 g/L; white cell count = 60.4 $\times$ 10^9/L (normal range = 4–11) with a eosonophilia of 49.5 $\times$ 10^9/L (normal range = 0.00–1.0); and platelet count = 89 $\times$ 10^9/L (normal range = 150–400). Bilirubin = 137 mmol/L (normal <20 mmol/L); alkaline phosphatase = 170 IU/L (normal range = 5–30); alanine transferase = 553 IU/L (normal range = 30–130). The serum albumin and clotting profile were normal.

The patient had been under annual review for the previous 7 years and the blood tests were consistently normal during this follow-up period. Abdominal ultrasound revealed a normal liver parenchyma, a thickened gall bladder, but no ductal dilation. Colonic biopsies revealed a moderately severe ulcerative colitis. Mesalazine was stopped on admission. However, the blood tests worsened and therefore a liver biopsy was performed. This revealed prominent eosonophilia involving the sinusoids, parenchyma, and, in particular, the central veins and portal tracts consistent with drug-induced hepatitis. The blood

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tests improved over the next week and eventually returned to normal. In the 3 years since presentation his liver function tests and full blood count have remained normal and his colitis has been well controlled on azathioprine.

Despite the long duration of therapy with mesalazine prior to this reaction, we conclude that the jaundice, eosonophilia, and thrombocytopenia were adverse reactions of mesalazine therapy. We have not rechallenged our patient with mesalazine because of the fear of inducing a severe reaction.

Hypersensitivity reactions to sulfasalazine including the development of hepatotoxicity and eosonophilia are well recognized.[1] These effects were initially blamed on the sulfa pyridine moiety and mesalazine was thought to be free of these effects. However, there have been separate reports of eosonophilia,[2] hepatotoxicity,[3,4] and thrombocytopenia[5] consequent to mesalazine therapy and reports of patients hypersensitive to sulfasalazine developing a severe reaction when given mesalazine.[6] In published case reports the duration of therapy prior to an adverse reaction has varied from a few days to 2 years. We believe this is the first reported case where a patient has experienced hepatotoxicity, thrombocytopenia, and eosonophilia concurrently as a consequence of 5-ASA therapy with onset many years after starting the drug. 5-ASA-induced toxicity should therefore be considered in any patient taking 5-ASA irrespective of the duration of therapy.

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