Punch biopsy performed on gluteal lesion. Hyperplasia and non-histopathology (segmental colitis, cryptitis, reactive lymphoid. Crohn’s Disease (CD) confirmed on colonoscopy with pathogens and C.Difficile. Fecal leukocytes were present; otherwise, negative for blood, pathogens and C.Difficile. Metronidazole and Methylprednisolone were initiated for gastrointestinal symptoms. Sitz Baths, Mupirocin and Hydrocortisone 1% for perineal lesions. The subsequent course became complicated by the development of a recto-vaginal fistula followed by Infliximab therapy. Three years after being monitored by a multi-disciplinary team, a progression of the skin lesions was observed with extension to the axillae [Image 2] and the infra-mammary area. Punch biopsy of the non-genital region was performed to confirm the clinical suspicion of Hidradenitis Suppurativa (HS), with pathological confirmation. Skin lesion pathology [Slide 1] suggestive of granulomatous dermatitis consistent with extra-intestinal manifestation of Crohn’s Disease.

Clinical Course

- Metronidazole and Methylprednisolone were initiated for gastrointestinal symptoms.
- Sitz Baths, Mupirocin and Hydrocortisone 1% for perineal lesions.
- The subsequent course became complicated by the development of a recto-vaginal fistula followed by Infliximab therapy.
- Three years after being monitored by a multi-disciplinary team, a progression of the skin lesions was observed with extension to the axillae [Image 2] and the infra-mammary area.
- Punch biopsy of the non-genital region was performed to confirm the clinical suspicion of Hidradenitis Suppurativa (HS), with pathological confirmation.

Diagnostic Evaluation cont.

- Skin lesion pathology [Slide 1] suggestive of granulomatous dermatitis consistent with extra-intestinal manifestation of Crohn’s Disease.

Fecal leukocytes were present; otherwise, negative for blood, pathogens and C.Difficile. Crohn’s Disease (CD) confirmed on colonoscopy with histopathology (segmental colitis, cryptitis, reactive lymphoid hyperplasia and non-caseating granuloma) Punch biopsy performed on gluteal lesion.

Overview

- Perineal lesions present a challenging diagnosis encompassing a number of pediatric subspecialties.
- In inflammatory bowel disease (IBD), they may present as extra-intestinal manifestations, however, other etiologies may be considered.
- This clinical case focuses on an unusual dermatological association with IBD, presenting at an atypical time in the disease course.

Clinical Presentation

- 11 year old female of Guyanese descent presents with epistaxis to emergency department.
- Review of system reveals:
  - Fatigue
  - 6.8 kg weight loss over 2 months
  - Diarrhea
  - Physical examination with periumbilical tenderness, perineal/gluteal cleft lesions [Image 1] and erythema nodosum.
- Initial Vital Signs and Laboratory Parameters [Table 1]

Diagnostic Evaluation

- Fecal leukocytes were present; otherwise, negative for blood, pathogens and C.Difficile.
- Crohn’s Disease (CD) confirmed on colonoscopy with histopathology (segmental colitis, cryptitis, reactive lymphoid hyperplasia and non-caseating granuloma)
- Punch biopsy performed on gluteal lesion.

Discussion

- HS involves the apocrine glands producing recurrent and painful, deep-seated nodules, abscesses, sinus tracts and/or fistula1.
- Smoking and obesity are known risk factors2.
- Association with CD is strongest for severe phenotype and pancolitis3.
- 1 in 5 IBD patients experiences extra-intestinal manifestations, 50% of them are in the perineal region, making the diagnosis of HS more challenging4.
- HS manifests on average 1 decade after the diagnosis of CD5.
- Inter-gluteal HS is reportedly more common when associated with CD6.

Take Home Points

- Even in an established CD patient not all perineal lesions are extra-intestinal manifestations of the disease.
- In cases of dual pathology, the diagnosis of HS is made on average, one decade after the diagnosis of IBD.
- Collaboration between the Gastroenterologist and the Dermatologist is vital in coordination of care as a single agent may be employed in the treatment of both diseases.