

Vulvar Manifestation of Crohn's Disease

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Introduction

- Crohn's disease is a form of IBD, an autoimmune disease affecting the GI tract.
- The incidence is 422 cases per 100000, with a bimodal incidence with peak ages between 15-30 and 50-80. There is a minor female preponderance [1,5].
- Symptoms associated with the GI tract, including abdominal pain, and diarrhea with complications including malabsorption, fistulas, and abscesses.
- Extraintestinal manifestations include systems such as the joint, eyes and skin.

Case Presentation

- We report on a 42-year-old female with a past medical history of chronic anemia and obesity presenting for worsening skin wounds seen below.
- Patient had previously presented to her OBGYN with similar findings in 2021. She was hospitalized for IV antibiotics.
- They returned one year later and were unsuccessfully treated with oral antibiotics by her PCP.
- Subsequent miconazole powder use has been ineffective.
- Upon admission, vitals were unremarkable
- Labs of note were WBC 14.8, HGB 6.5 and ALP 133.

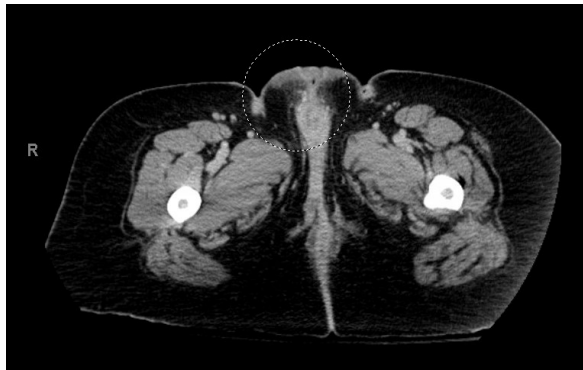


Figure 1: CT abdomen/pelvis showed subcutaneous fat stranding involving the anterior pelvic wall with punctate focus of gas.



Figure 2: Genital Exam

Figure 3: Pannus Examination

Case Presentation Continued

- Physical exam includes bilateral conjunctivitis as well as the above skin findings.
- In the ED, the patient was started on vancomycin and piperacillin/tazobactam. The patient was given 50 mcg fentanyl, 1 L NS and 1 unit PRBC.
- Dermatology took skin cultures and punch biopsy. Skin culture was positive for Pseudomonas and strep anginosus. The skin biopsy showed chronic inflammation and granulomatous disease, suspicious for Crohn's disease.
- Patient was discharged on amoxicillin/clavulanate and ciprofloxacin per infectious disease.
- Patient completed EGD and colonoscopy outpatient.
- The patient was found to have H Pylori on EGD and villous blunting and crypt distortions on Colonoscopy, confirming the diagnosis of Crohn's Disease.
- Patient was treated with quadruple therapy for the H Pylori and adalimumab for the Crohn's.
- Follow up with her PCP revealed her vulvar wounds have since cleared up.



Figure 4: Outpatient Follow Up Exam

Unique Aspects and Literature Review

- This case is uncommon not only because she presented with the Vulvar Skin findings, but also because the skin manifestations presented prior to the G.I. manifestations.
- Only about 10% of patients with Crohn's disease have vulvar findings [2,3].
- Additionally, only about 20-35% of cases do the non-GI findings manifest before the GI findings [4,6].
- Knife-cut ulcers are the most specific and vulvar edema are the most common were both present [1].
- One meta-analysis shows H Pylori infection to occur less often in IBD patients compared to the general population. This same study would go on to suggest some kind of protective effect. In this instance, this would make this case more unique [5].
- Adalimumab was the most effective monotherapy with 71% clinical response [4].

Recommendations and Conclusion

- Further research into extra-GI manifestations of IBD and possible management as well as further research into possible links between H Pylori and Crohn's Disease.
- Although uncommon, Crohn's disease is not solely limited to the GI tract. All systems need to be considered when attempting to work up the disease.
- Not only is the extra-GI manifestations presenting ahead of the GI symptoms rare, the patient also having a concomitant H Pylori infection makes even more of an unusual combination of pathology
- There is socioeconomic issues that play into the condition of the patient. Patient had travel difficulties which made follow up before hospitalization difficult. In addition, not all of physicians that she was supposed to follow up with took her insurance, including gastroenterology.

Resources

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