

A Classic Cutaneous Manifestation of Newly Diagnosed Ulcerative Colitis

Jordan Malone, DO¹; Ernesto Zamora, MD²; Andrei Loghin, MD¹; Isaiah Reeves, MD¹; Sheharyar Merwat, MBBS²

utmb Health

1. Department of Internal Medicine, The University of Texas Medical Branch
2. Department of Gastroenterology and Hepatology, The University of Texas Medical Branch

Background

- Pyoderma gangrenosum (PG) is a rare dermatologic condition with an incidence of only 3 to 10 cases per million people per year¹.
- Though rare, PG and its association with systemic inflammatory disease is well described^{2-5,9}.
- This ulcerative, non-infectious neutrophilic dermatosis is most associated with inflammatory bowel disease (IBD) and is specifically associated with ulcerative colitis (UC) in 5 to 12% of cases, although fewer than 3% of patients with UC ever develop PG^{1,6,8}.
- Here we describe a case of a 36-year-old male who presented with progressively worsening, intermittently bloody diarrhea associated with an exquisitely painful, ulcerative right shoulder lesion that was treatment-refractory to multiple courses of antibiotics.

Case Description

- A 36-year-old man with no significant past medical history presented with three weeks of watery diarrhea often mixed with blood and associated with generalized abdominal pain, weight loss, and malaise.
- He also reported a worsening right anterior shoulder lesion that he noticed prior to the onset of his gastrointestinal complaints and was refractory to treatment courses of both TMP-SMX and minocycline. (Image 1)
- Initial CT imaging revealed pancolitis with perirectal and right lower quadrant reactive lymphadenopathy.
- Dermatopathology of the lesions obtained during admission revealed diffuse dermal neutrophilic infiltrates consistent with PG.
- He underwent colonoscopy which revealed inflammation characterized by congestion (edema), erosions, erythema, loss of vascularity, mucus, and pseudopolyps in a continuous and circumferential pattern from rectum to cecum with no colonic sites spared. (Images 3,4)
- Biopsy samples obtained during colonoscopy returned consistent with ulcerative pancolitis.

Case Description cont.

- He was subsequently started on intravenous steroids for three days followed by a switch to oral steroids with a marked improvement in abdominal pain, diarrhea, and appearance of the cutaneous lesion. (Image 2)
- He was discharged with outpatient Gastroenterology follow up where he was initiated on biological therapy with continued improvement in symptomatology.

Images



Image 1: PG lesion on admission



Image 2: PG lesion one week later

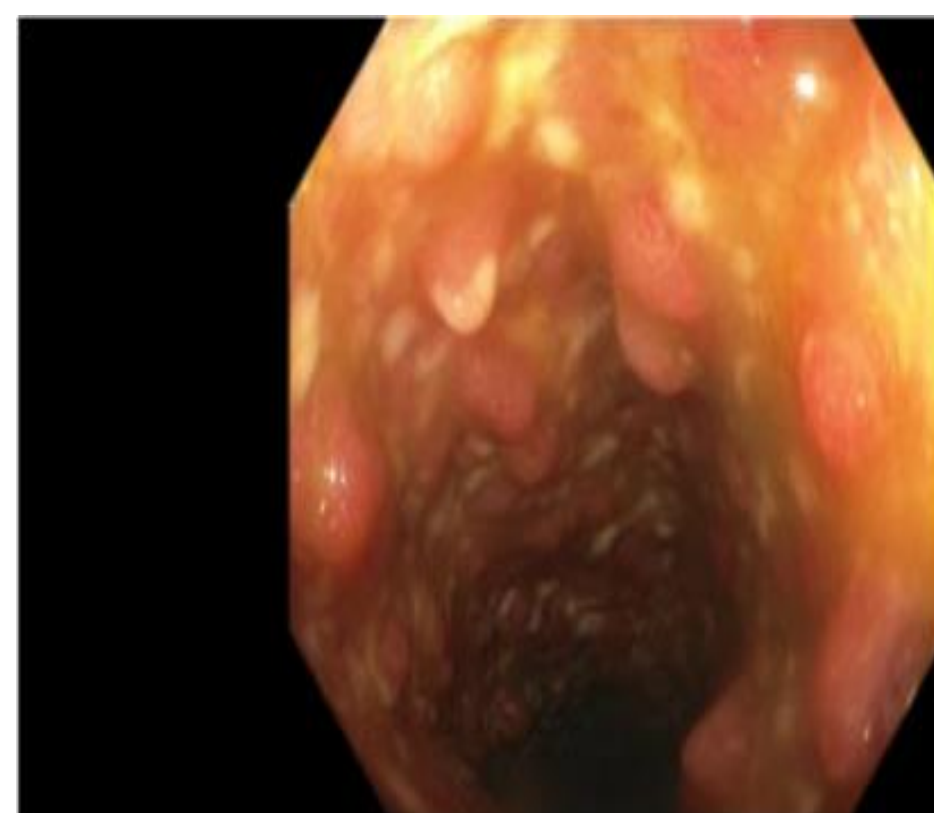


Image 3: Ascending colon image taken during colonoscopy demonstrating congestion, edema, erosions, erythema, and pseudopolyps



Image 4: Sigmoid colon image taken during colonoscopy demonstrating congestion, edema, erosions, erythema, and pseudopolyps

Discussion

- The prevalence of extraintestinal manifestations (EIM) in patients with inflammatory bowel disease range from 6-47%⁷.
- This case exhibits how EIMs of IBD can be commonly misdiagnosed and subsequently mistreated, especially if dermatologic disease precedes onset of gastrointestinal complaints.
- This case reinforces the importance of a detailed history and physical exam while ensuring documentation of an accurate timeline of symptom onset.
- This case also demonstrates the importance of a proper review of symptoms with correlation of other symptoms that may point toward a potential underlying inflammatory or hematologic disorder before assuming the cause is infectious⁷⁻⁹.

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