

Oral Extraintestinal Manifestations of Inflammatory Bowel Disease: The Temporal Relationship Between Oral and Intestinal Symptoms

Lauren Loeb, MD¹; Marketa Janovska, DMD²; Katherine Bodiford, MD¹; Nabil Chehade, MD³; Benjamin McCormick, MD¹; Roy Rogers, MD¹; Francis A. Farraye, MD¹; Christina Ha, MD⁴; Jana G. Hashash, MD¹

¹Mayo Clinic Florida, ²Institute of Dental Medicine, Charles University, ³Case Western Reserve University, ⁴Mayo Clinic Arizona

INTRODUCTION

IBD can be associated with various oral extraintestinal manifestations (EIMs) such as aphthous ulcers, granulomatous cheilitis, oral pain, stomatitis and others

Clinical course of EIMs involving the oral cavity can range from asymptomatic to painful, debilitating symptoms.

Depending on severity and level of response to symptomatic treatment, EIMs may impact the overall IBD treatment plan

Oral EIMs may precede bowel symptoms or parallel intestinal symptoms of IBD

AIM

To describe our real-world experience on oral EIMs and their role in predicting or paralleling flares of IBD and the impact they may have on the treatment strategy of IBD



Linear Aphthous Ulcer, CD



Mucogingivitis, CD

METHODS

A retrospective review of electronic medical records at a tri-state tertiary academic medical center studied adult patients with the diagnosis of Crohn's disease (CD) and ulcerative Colitis (UC) who exhibited one or more EIM of IBD affecting the lips or oral mucosa

RESULTS

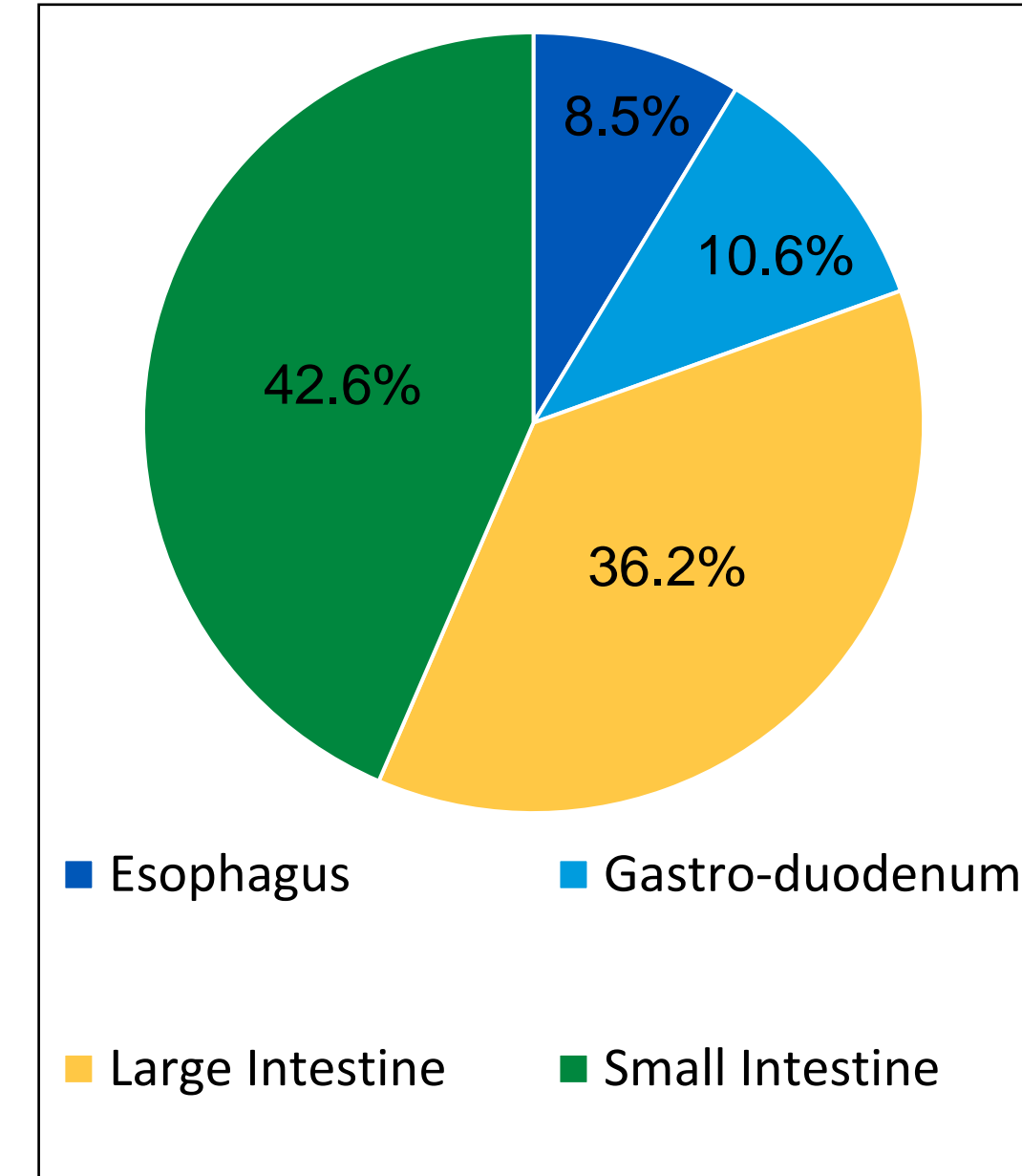
119 adult IBD patients with oral EIMs
67 CD, 52 UC
71 females (59.7%), 48 males (40.3%)
Median age: 35 yrs, range: 18-78 yrs

Most common oral diagnosis in CD and UC was **aphthous stomatitis, aphthous ulcers** (85.1% in CD, 75.0% in UC). Nonspecific diagnoses 'stomatitis' and 'mucositis' were next most common

Oral EIMs were synchronous with CD activity in the small intestine, colon, gastro-duodenum, and the esophagus. UC pancolitis was synchronous with oral EIMs

Pts with other IBD sites active at the time of oral symptoms including oral, rectal, perianal, proctosigmoid, and left-sided colitis did not show a statistically significant association between IBD flares and oral EIMs of IBD.

Active CD/UC Site	Correlation of IBD Flares and EIMs (%)	P-Value
Small Intestine (CD)	42.6%	p < 0.001
Large Intestine (CD)	36.2%	p < 0.001
Gastro-duodenum (CD)	10.6%	p = 0.017
Esophagus (CD)	8.5%	p = 0.039
Pancolitis (UC)	17%	p = 0.04



CONCLUSIONS

IBD patients were significantly more likely to have oral EIMs that flared just before or synchronously with an intestinal IBD flare.

Better knowledge of oral EIMs of IBD and frequent synchronicity of oral lesions with IBD flares may serve as a useful tool for better management of IBD.

Other factors that may contribute to oral EIMs as well as oral EIMs refractory to IBD treatment will be further analyzed.



Nonspecific Stomatitis, CD



Mucogingivitis, CD