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Uncertain skin ulcers
or wrong priorities...

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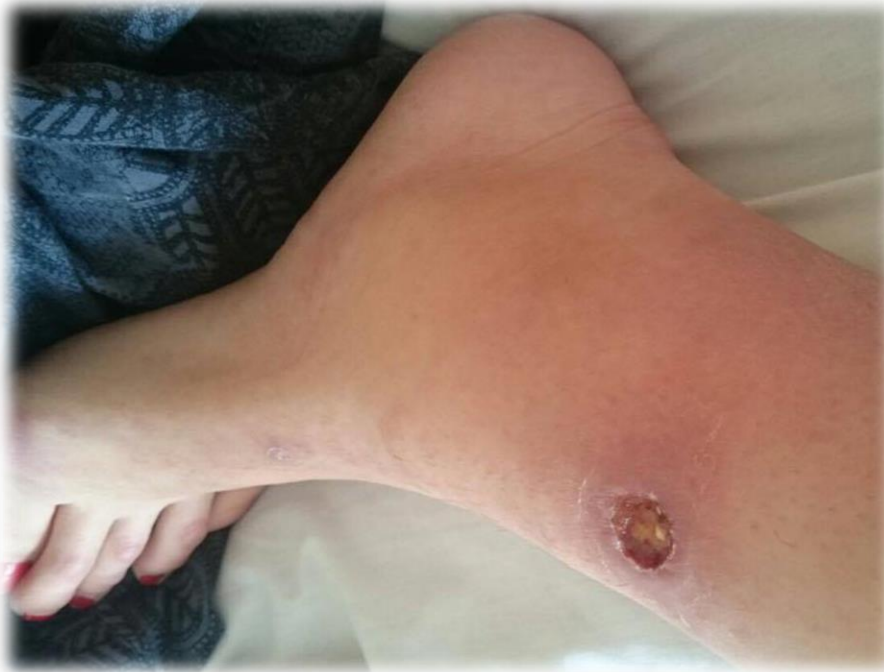
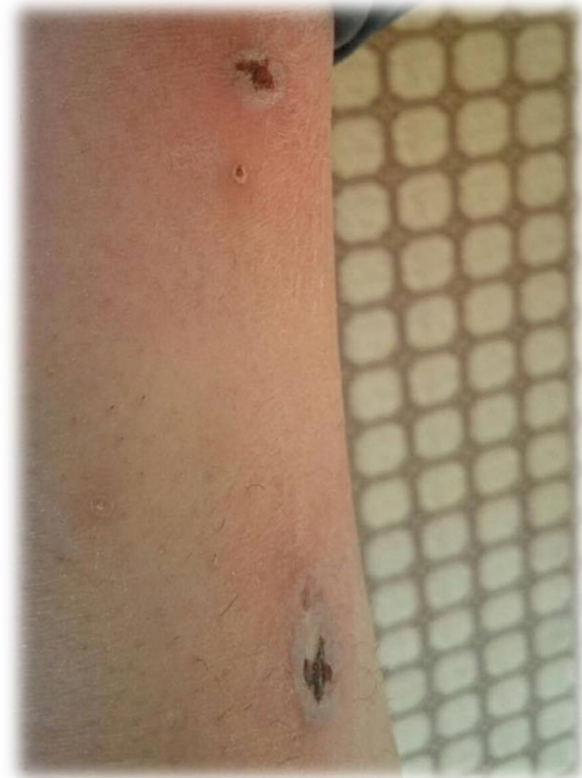
Clinical case

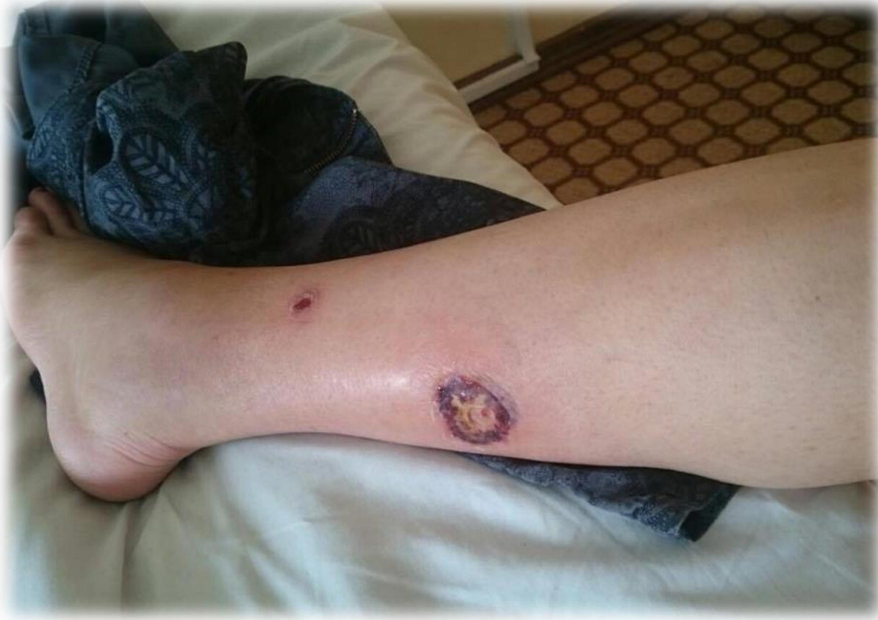
- Patient J. K., female, 29 years old.
- Came to emergency in October 2016.
- Complaints:
  - Multiple ulcerations on the legs;
  - Periodically the temperature till $37.5^{0}C$;
  - Weakness.

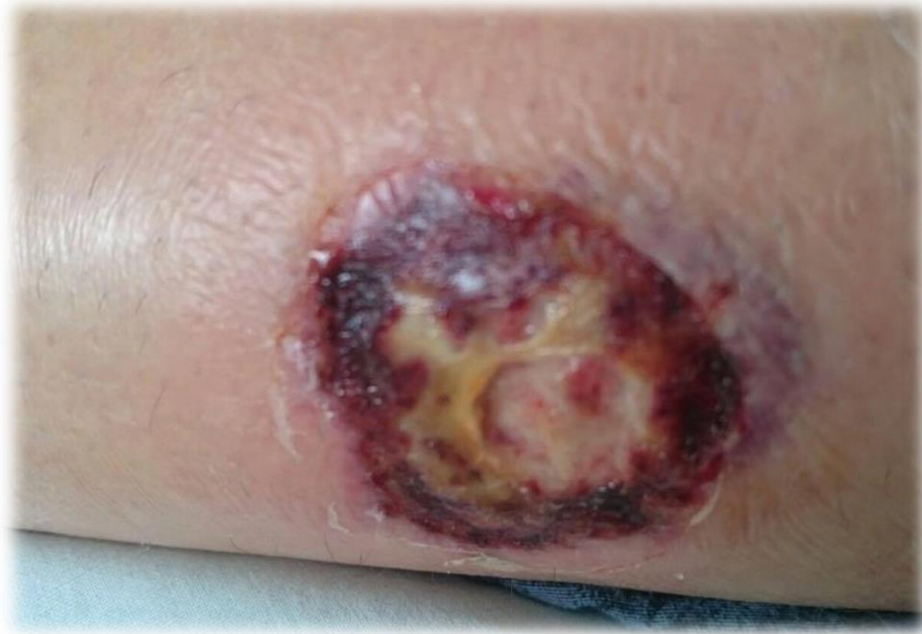
Initial inspection at emergency department

- Multiple eruptions, as well as purulent ulcerations on the legs









Which tests would you perform?

Examination results

Tests performed in ED

- Moderate hypochromic microcytic anemia (9.1 g/dL)
  - Hgb: 11.9 - 15.7 g/dL
- Leucocytosis (Leu – 18.6x10^9/L, Neu – 14.8x10^9/L)
  - Leu: 4.6 – 8.4x10^9/L; Neu: 2.0 – 9.1x10^9/L
- CRP -13.8 mg/L
  - CRP < 5.0 mg/L
- AlAT, AsAT, urea, creatinine, glucose, bilirubins, lipase, AF, electrolytes, protein - normal
- Abdominal USG - no pathologic findings
- Consulting dermatologist's conclusion – *pyoderma cruris chronica ecthyma et ulceri cruris, foliculitis corporis*

Maybe something else?

- Watery pasty diarrhea 6-8 times per day **since 2014;**
- Blood in stool;
- Nagging spastic pain before and after defecation

- Never complained about it

Differential diagnosis

- Immunocompromised patient?
  - Chronic gastroenteritis;
  - Cutaneous manifestations of HIV;
  - Lifestyle.
- Hematological/oncological diseases?
  - Lymphoma;
  - Paraneoplastic syndrome.
- Vasculitis?
  - Granulomatosis with polyangiitis
- Superficial thrombophlebitis?
- Corynebacterium diphtheriae??? (But not a refugee/traveller)

- Inflammatory bowel syndrome?

Further specific examination

- *HbsAg* - negative (0,17 s/co),
- Antibodies to *HCV* - negative (0,1 s/co),
- Anti-Treponema pallidum *IgG / IgM* - negative (0,04 s/co),
- Antibodies to *HIV 1, HIV 2, HIV 1 Ag* - negative

- antiPR3 (c-ANCA), antiMPO (p-ANCA)- negative,
- Anti transglutaminase Ig A-0,1, Anti transglutaminase Ig G- 0,9.

- Skin ulcers: *growing group A β-hemolytic streptococci, Staphilococcus aureus*

Waiting for answers…

- *Cl. difficile*
- *Salmonella*
- *Shigella*
- *Faecal Mycobacterium tuberculosis DNS*

Truelove and Witts score

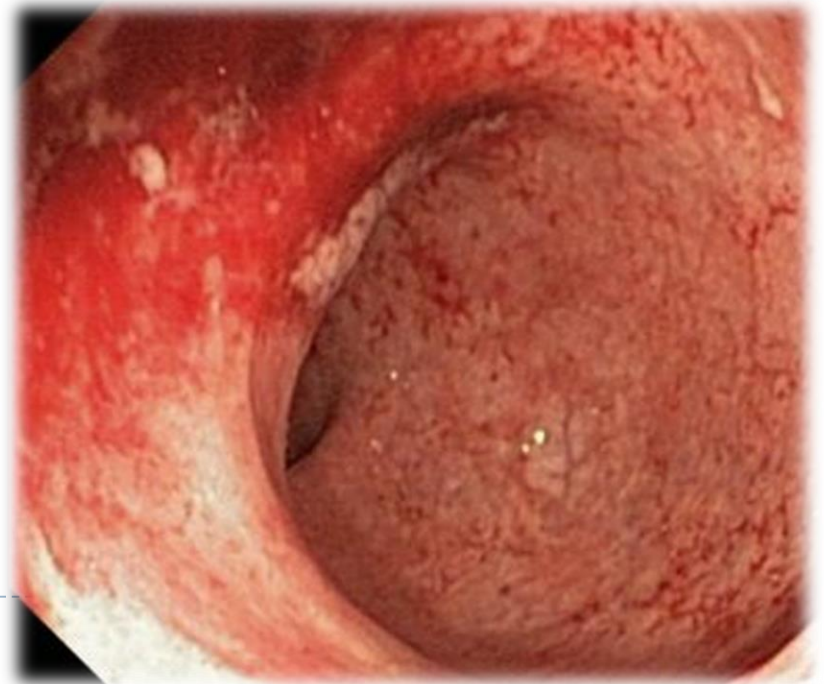
Table 1.3 Disease activity in ulcerative colitis, adapted from Truelove and Witts.

	Mild	Moderate 'in between mild and severe'	Severe
Bloody stools/day	<4	4 or more *if*	≥ 6 *and*
Pulse	<90 bpm	≤ 90 bpm	>90 bpm *or*
Temperature	<37.5 °C	≤ 37.8 °C	>37.8 °C *or*
Haemoglobin	>11.5 g/dL	≥ 10.5 g/dL	<10.5 g/dL *or*
ESR	<20 mm/h	≤ 30 mm/h	>30 mm/h *or*
or CRP	Normal	≤ 30 mg/L	>30 mg/L

- Start therapy with: 5-aminosalicylic acid + antibiotics

Further specific examination

- Calprotectin - >1000 mkg/g;
- Colonoscopy:
  - Pan-ulcerative (total) colitis, exacerbation;
- Biopsy:
  - Histopathological picture corresponds to ulcerative colitis.



Diagnosis

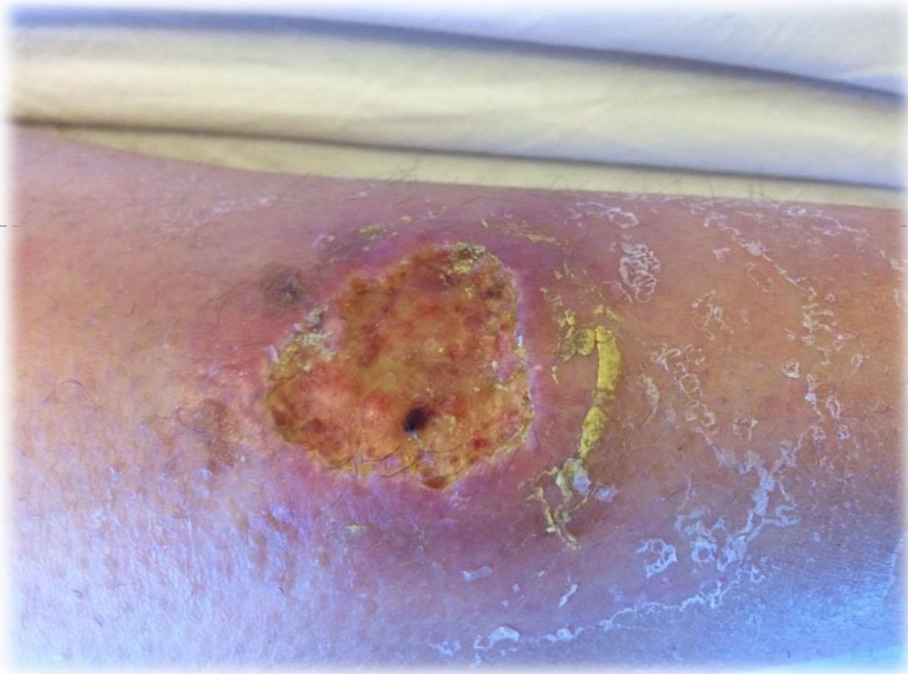
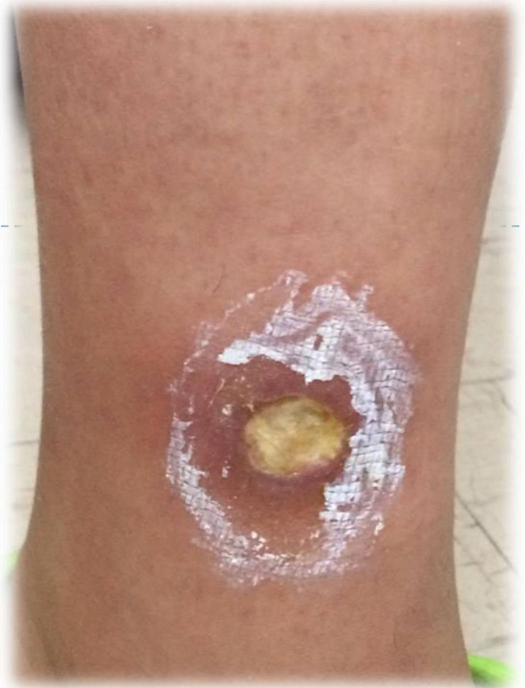
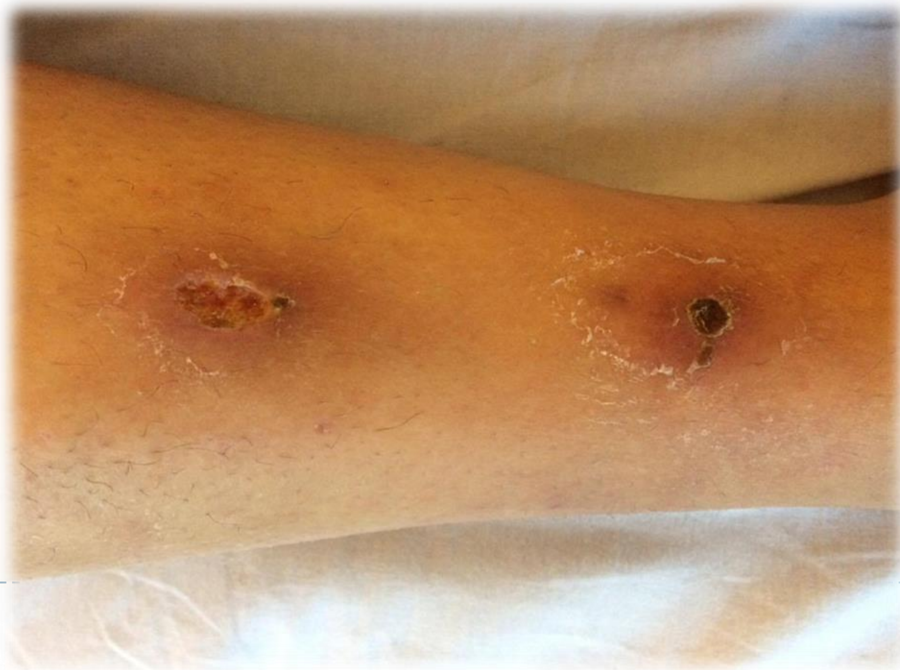
- Total ulcerative colitis, primary diagnosed, exacerbation (Mayo 9). E3 S3 (Montreal classification).

- *Pyoderma gangrenosa cruris chronica et ulceri cruris, foliculitis corporis.*
- Moderate hypochromic microcytic anaemia.

Management

- After prescribed complex therapy with
  - 5-aminosalycilic acid (Sulfasalazin),
  - antibiotics,
  - i/v iron,
  - local treatment of skin ulcers,

patient's condition progressively improved, remission was gained.

Background

- Ulcerative colitis is a form of inflammatory bowel disease that is characterised by superficial inflammation and ulceration of the large intestine.
- The incidence of UC is 1.2 to 20.3 cases per 100,000 and its prevalence is 7.6 to 246.0 cases[1].
- Extraintestinal symptoms may involve virtually any organ system with a potentially detrimental impact on the patient's functional status and quality of life[2].

[1]Silvio Danese, M.D., and Claudio Fiocchi, M.D. Engl J Med 2011; 365:1713-1725. November 3, 2011DOI: 10.1056/NEJMra1102942

[2]Vavricka, Stephan R. et al. “Extraintestinal Manifestations of Inflammatory Bowel Disease.” *Inflammatory Bowel Diseases* 21.8 (2015): 1982–1992. *PMC*. Web. 14 Dec. 2016.

Extraintestinal symptoms

Manifestations (EIM)

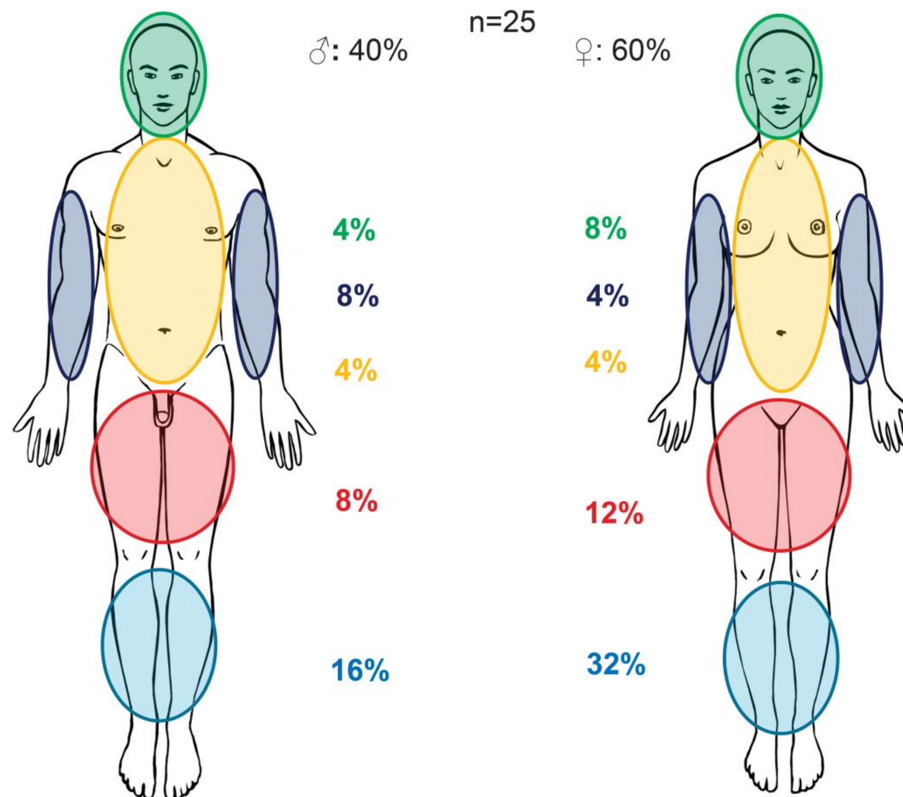
- Joints
  - Arthropathies
- Skin
  - Erythema nodosum
  - Pyoderma gangrenosum etc.
- Hepatobiliary tract
  - Primary sclerosing cholangitis
- Eye
  - Episcleritis
  - Uveitis

Complications (EIC)

- Caused by the disease itself
  - Malabsorption;
  - Micronutrient deficiency;
  - Osteoporosis;
  - Peripheral neuropathies;
  - Kidney stones;
  - Drug-related side effects.

EIM of the skin

- Skin disorders represent 2nd most common EIM of IBD after arthritis and affect about 5-15% of these patients.
- ***Pyoderma gangrenosum*** is a much rarer, more severe, debilitating EIM, more common in UC than in CD.



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Results and discussion

- The cornerstone of management of UC exacerbation remains the use of corticosteroids, which are effective in the induction of remission in the majority of cases[1].
- According to Truelove and Witts criteria, this case was evaluated as moderate-to-severe.
- It was decided to start therapy without use of steroids, which nevertheless gave very successful results.

[1]Glen A Doherty; Adam S Cheifetz Expert Rev Gastroenterol Hepatol. 2009;3(4):395-405.

Take home message

- Spend more time on collecting anamnesis

Thank you for attention!

References

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