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Jurnal Medical Aradean (Arad Medical Journal)
Vol. XVIII, issue 2, 2015, pp. 64-65
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Tegumentary and mucousal extra intestinal lesions in Ulcerative Colitis

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ABSTRACT. The prevalence of cutaneous manifestations extra intestinal mucosa during Ulcerative Colitis is about 50%. The most common manifestations are oral thrush, pyoderma gangrenosum and iritemul nodosum. These lesions usually do not make diagnosis difficult. Canker sores and iritemul nodosum often evolves parallel HOT activitatesi the same treatment. Treatment of pyoderma gangrenosum resistant cortico may require intravenous cyclosporine. Other cutaneous and mucosal manifestations occur rarely in UC and are less known, difficult to identify and their evolution does not always go digestive signs.
KEYWORDS: ulcerative, colitis, mucosa, cutaneous, tegumentary

Are mucocutaneous lesions, alongside joint undertakings, the most common extra intestinal manifestations of chronic inflammatory bowel disease in general and in particular Ulcerative Colitis(UC).

In a prospective study conducted in Lille, 40% of patients with mucocutaneous lesions had UC. These injuries can be classified as:

a) so-called injuries reacted evolving parallel flashes digestive;

b) intolerance to drugs used in UC.

We will describe below, the most common manifestations often easy recognizable, and then some of the rare exception where a correlation can be established between them and digestive disease.

Frequent mucocutaneous lesions

1) oral thrush: UC 5-10% of patients with these lesions present, percentage different from that found in the general population. A higher frequency of about 30%, is found in a recent study. (1). There is a quasi constant parallelism between digestive flashes and oral aftoza. They can be observed different clinical types:

a) vulgare thrush - round or oval ulcers with a diameter less than one centimeter, with depressed background, infiltrated base and a red peripheral lizereu peripheral. Evolve, generally one to five elements outbursts, and disappear in one to two weeks without leaving scars. They are located on the underside of the lip, the cheeks, the lower side of the tongue and the floor of the mouth.

b) aftoza miliary - afte numerous small, less than one millimeter in diameter, often confluent.

c) canker sores giant - large ulcers, which can reach a diameter of five inches, deep, irregular, which can persist for months, and retractile mutilating scarring.

Diagnosis is clinical, and it is not necessary making the differential diagnosis biopsy only herpetic ulceration. Biopsy is necessary only if profound and persistent ulcers to remove a carcinoma.

Treatment is local bathes the mouth with Xylocaine, acetyl salicylic acid, betamethasone, antibiotics (tetracycline).

2) Erythema nodosum - a rate of 0.5-15% most often complicates pancolitis UC grip. It is a hypodermic debuting with high fever.

Subcutaneous nodules are eritemato-purple, hot and painful, firm but mobile on subjacent plans, oval from a few millimeters to several centimeters, numărân d between two and fifty items. Tibial ridges are located, around the elbows, knees and rarely face and neck. The skin is red at first, then go through different colors, yellow, green, as a hematoma. The nodules disappear within a few weeks, but new lesions may occur after about ten days.

Skin biopsy is rarely necessary if their presentation is atypical, to be distinguished from a infiltrated limfohistiocitar involving a hypodermic septal lymphocytic vasculitis.

The first spurt of erythema nodosum often occurs after a few years of UC development, but maybe sometimes precedes the diagnosis. Usually spurt it is unique phases during a digestive disease activity, but there may be relapsing forms, but always parallel to the UC HOT activity.

The treatment is that of the underlying disease. Resting in bed or non-steroidal anti-inflammatory drugs may sometimes be necessary.

3) Pyoderma gangrenosum: is the most serious skin disease in the course of evolution UC. Neutrophilic dermatoses belongs to the group characterized by massive polymorphonuclear inflammation of the dermis. Neutrophilic dermatosis most common is 2-4%, and vice versa UC is found in 15-

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40% of cases of pyoderma gangrenosum, the second being myeloproliferative syndrome.

In general, colic occurs in large undertakings and joint touches at the same time. Generally occurs after ten years of evolution of UC in a flare of disease activity, but can also occur independent of evolutionary FLASHES. Recur in 1/3 of the cases. The lesions are single or multiple and are favored in 10% of cases by a local trauma often minimal.

Elemental is a papulopustular pimple or lesion evolving towards a bubble bleeding. Initial lesions are rapidly expanding, representing the extensive ulcerations, not too deep red background, bordered by an inflammatory burelet. Their appearance contrasts with the impressive painless and aseptic character, signifying the emergence of pain superinfection.

Favorite location is the lower limbs, buttocks and face. Other locations are possible in scar, orifices and sometimes oral or genital mucosa. The internal organs can be caught as lungs, liver, bone, central nervous system.

Evolution is long and whimsical skin lesions followed by ciatrici unsightly pigmentation.

The diagnosis is mainly clinic. Skin biopsy performed a show in a skin necrotic papule or ulcer massive infiltration of the dermis polymorphonuclear neutrophils. It is useful to confirm the diagnosis, especially to differentiate this lesion from an ulcer of infectious origin.

Treatment is controversial. Coiticoterapia be used either orally in high doses (1-2 mg / kg / day) or as an intravenous bolus (1 g / day for 5days). In severe forms or in the case of intravenous cyclosporine corticorezistenţă can use. Local treatment consists of applying antiseptics, without resorting to surgical excision.

Mucocutaneous lesions rare or exceptional

1) Sweet's Syndrome has been rarely described foray UC. This dermatosis characterized by erythematous papules presence of papules or infiltrated well defined, their surface can be covered with pustules. The lesions are asymmetric and occur in the upper limbs and neck. They appear suddenly and is accompanied by general phenomena as high fever, arthralgia and leukocytosis. Evolution is favorable resolution of lesions without scarring, within weeks without treatment with corticosteroids or in ten days at a dose of 1 mg / kg / day.

2) pyoderma - piostomatită Vegetable occurs in the mouth and is characterized by the appearance of multiple blisters on a red background which can ulcerate confluence and catch all mouth. It is possible to capture and other mucoasetconjunctivală, nasal, vaginal. Maybe interested and skin in about 50% of cases the form of papulopustular lesions, large posters confluence in large envelopes mismatches and scalp. Histological examination reveals the existence of intra and sub epidermal microabceselor with high eosinophil infiltration.

3) Sapho syndrome - is characterized by the combination of at least two of the following underlying conditions: synovitis, acne, palmar-plantar severe pustular, hyperostosis, and osteitis aseptic.

Intolerance to drugs used in UC

Mucocutaneous lesions seen at major drugs used in UC are:

- To sulfasalazine: maculopapular exanthema, urticaria, lupus syndrome, Raynaud disease, Lyell's syndrome;
- The 5-ASA: maculopapular exanthema, alopecia;
- On steroids: acne, vergrturi skin atrophy, hypertrichosis, bruising, candida mucocutaneous, bacterial infections;
- The azathioprnă 6 mercaptopurine: maculopapular exanthema, rash, alopecia, vasculitis, erythema nodosum, erythema multiforme;
- Metronidazole: Papillary maculopapular exanthema, urticaria, pruritus, erythema pigment fixed.

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Jurnal Medical Aradean (Arad Medical Journal)
Vol. XVIII, issue 2, 2015, pp. 64-65
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