

Crohn's Disease masquerading under Leucocytoclastic Vasculitis

A rare case of Crohn's Disease presenting with LCV

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BACKGROUND

- Inflammatory bowel disease associated with several extraintestinal manifestations (EIMs).
- Most common cutaneous manifestations include pyoderma gangrenosum(PG) and erythema nodosum. LCV is exceedingly rare.
- While PG is known to predate a dx of IBD in a small %age, uncommon for other cutaneous EIMs to precede dx of IBD.
- We present a rare case of Crohn's disease, with **uncommon LCV** as **initial manifestation**.

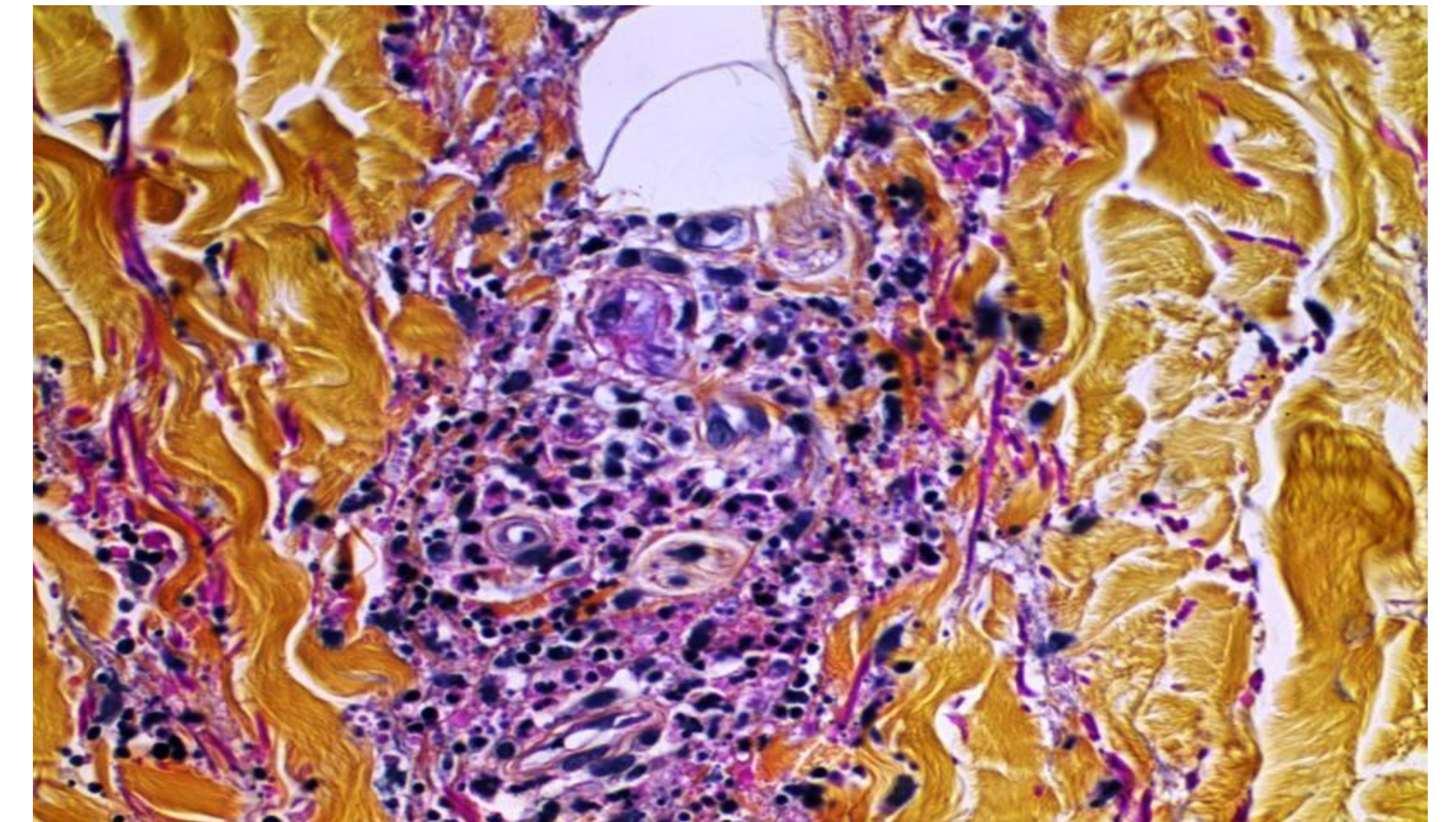
CASE DETAILS

21 yo M	Presented for evaluation of rash on b/l lower extremities
Duration	6 months
Pattern	Episodic, lasted 2 weeks or so, resolved spontaneously, then recurred in a few days
Associated ROS	With profound fatigue Infrequent abdominal cramping, bloody diarrhea on and off, started 1 month prior to evaluation
Exam	Palpable, purplish petechial spotty rash on b/l LE Mild abdominal tenderness.

DERMATOLOGIC MANIFESTATION



SKIN BIOPSY



- Dermal perivascular infiltrate of neutrophils, lymphocytes and erythrocytes
 - Swollen endothelial cells
 - Damaged blood vessels

COLONOSCOPY FINDINGS

Mucosal ulceration with skip lesions and edematous mucosa noted with rectal sparing suggesting CD.

TAKE HOME POINTS

- Isolated LCV-always look for systemic manifestation clues especially if constitutional symptoms +
- Look thoroughly for inflammatory, infectious and malignant causes when evaluating isolated LCV.
- Focus on treating underlying cause if secondary LCV.

LAB TESTS

Lab	Result	Lab	Result
Hb	11g/dl	ANA	Neg
ESR	nl	RF, CCP	Neg
HIV	Neg	ANCA	Neg
Hep Serology	Neg	ASCA	Neg
		Cryo	Neg
QFT	Neg	C3, C4	nl

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