

Clinical Images

Metastatic Crohn's disease



Fig. 1. Large and erythematous-brownish plaques with a granulomatous appearance on the perineal, perianal and gluteal regions reaching the top of the lower limbs (arrows).

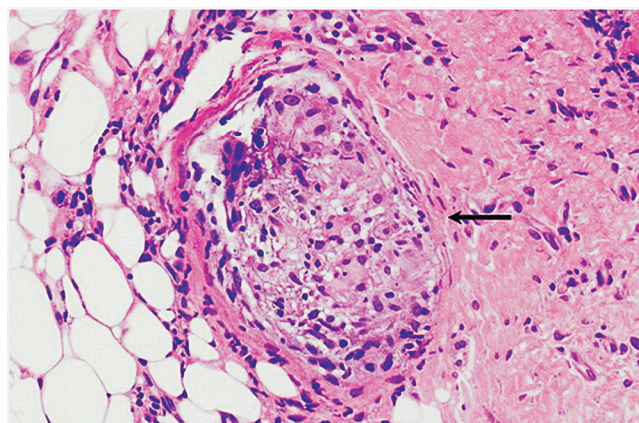


Fig. 2. Histological study (hematoxylin and eosin stain) showed the presence of non-caseating granulomas in the dermis (arrow).

A 51 year old man presented to the department of Dermatology, Regional University Hospital of Málaga, Málaga, Spain, in May 2013, with remarkable lesions on the perineal, perianal and gluteal regions reaching the top of the lower limbs, which he had first noted two years earlier. The physical examination revealed large erythematous-brownish plaques with a granulomatous appearance, polypoid lesions and areas of ulceration (Fig. 1). For the past five years, he had been treated for perianal fistulizing Crohn's disease with infliximab, though the patient admitted poor adherence. Skin biopsy demonstrated the presence of non-caseating granulomas in the dermis (Fig. 2) and did not show picture suggestive of cutaneous tuberculosis (pseudoepitheliomatous hyperplasia or neutrophilic microabscesses in the epidermis). In addition, *Mycobacterium tuberculosis* culture and serum QuantiFERON® TB Gold were negative. The

patient was diagnosed to have metastatic Crohn's disease which is an uncommon complication of Crohn's disease. He was treated unsuccessfully, with different therapies (metronidazole, topical and oral tacrolimus and infliximab plus methotrexate) due to the poor treatment adherence of the patient.

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