Crohn’s Disease Presenting with Periorbital Rash

Shalu Jain*; Karunesh Kumar; Smita Malhotra; Anupam Sibal
Indraprastha Apollo Hospital, Sarita Vihar, Delhi-110076, India.

*Corresponding Author(s): Shalu Jain
MBBS, DNB, Pediatrics, FNB, Pediatric Gastroenterologist,
Indraprastha Apollo Hospital, Sarita Vihar, Delhi-110076,
India.
Email: Shalu0927@gmail.com

Received: May 30, 2022
Accepted: Jun 15, 2022
Published Online: Jun 17, 2022
Journal: Journal of Clinical Images
Publisher: MedDocs Publishers LLC
Online edition: http://meddocsonline.org/
Copyright: © Jain S (2022). This Article is distributed under the terms of Creative Commons Attribution 4.0 International License

Clinical image description

A 5-year-old boy presented with complaints of fever, pain abdomen for 1 month and periorbital rash for 7 days. Symptoms were preceded by poor weight gain over the last 6 months and recent weight loss of 2 kgs. The periorbital rash was bilaterally symmetrical, violet tinged, non-pruritic with visible thin veins and the vision was un-affected with no scleritis, had no similar rash elsewhere on the body. Family and past history was normal. Anthropometry showed stunting, BMI was 16.6kg/m. He had oral aphthous ulcers though neck, extremities and joints were normal. Neutrophilic leucocytosis, thrombocytosis with raised ESR and CRP was seen. CPK and LDH was normal. ANA, RF, serum aldolase and myositis panel was negative but faecal calprotectin was 555mcg/mg. On upper and lower endoscopy examination and pathology he was diagnosed with IBD-crohn’s. He went into remission after 2 weeks of treatment (Prednisolone) and the periorbital rash disappeared.

Extraintestinal skin manifestations (EIM) are frequently associated with inflammatory bowel disease with frequency of 6–23% (higher frequency in older than six) [1]. These lesions appear before the gastrointestinal symptomatology or concomitant with disease activity. Commonly reported skin manifestations are erythema nodosum, pyoderma gangrenosum, hidradenitis suppurativa and even psoriasis [2]. This rash without associated myositis has been rarely reported. We hereby report a child who presented with periorbital rash and fever which confounded the differential diagnosis of IBD.

Conflict of interest: No conflict of interest

Funding source: No funding source

Acknowledgement

I Dr Shalu jain, completely acknowledge the contributions and efforts of each of the author.

References


2. Jansen FM, Vavricka SR, Broeder AA Den, Jong EMGJ De, Hoentjen F, Dop WA Van. Clinical management of the most common extra-intestinal manifestations in patients with inflammatory bowel disease focused on the joints, skin and eyes. Published online 2020.