

Metastatic Crohn Disease: A Retrospective Study of 48 Patients

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DISCLOSURES

Nothing to disclose.



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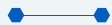
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***Of note, there are sensitive images contained in this presentation.**



OBJECTIVES

- To describe the epidemiology of metastatic Crohn Disease (CD)
- To review the most common clinical presentation(s) of metastatic CD
- To develop an approach to clinical management for metastatic CD
- To communicate future research directions for metastatic CD



METASTATIC CROHN DISEASE



Rare and underrecognized disease

To date only 267 published cases

Granulomatous inflammation discontinuous from gastrointestinal (GI) tract

Most common presenting location(s) include genitals > face > lower legs

Affects all ages and most often affects females

Luminal Crohn Disease (CD) & cutaneous CD may require separate treatment

RESEARCH APPROACH

SITES



8 tertiary level
care centers
across the USA

PATIENT IDENTIFICATION



Retrospective
review of EHR

INCLUSION CRITERIA



Histopathologic
diagnosis of
cutaneous CD +
≥ 1 dermatologist
visit

DATA COLLECTION



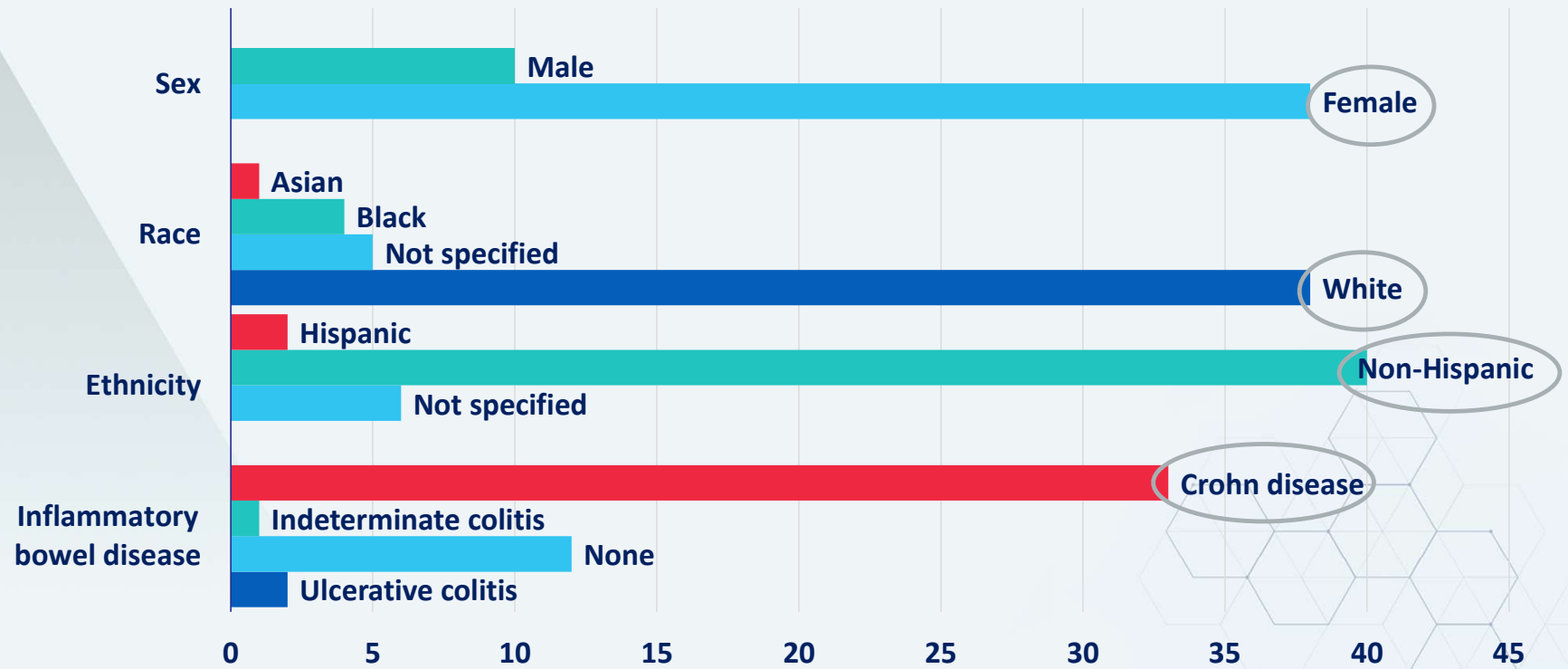
Collected
demographics,
comorbidities,
presentation,
histology,
treatment

ONGOING ENROLLMENT

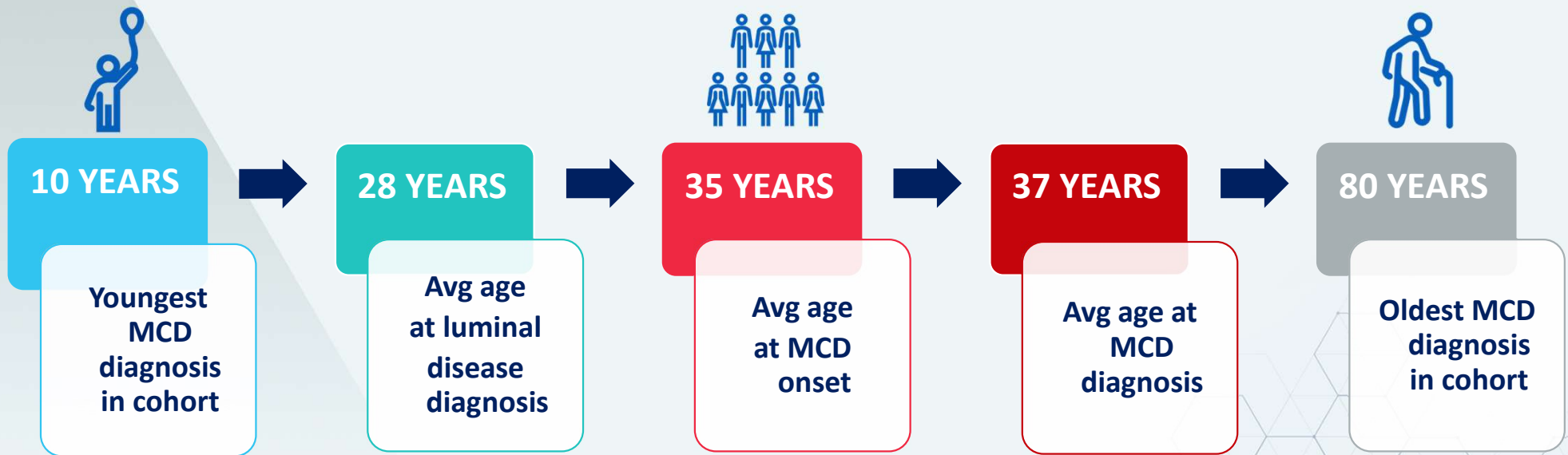


Data collection

DEMOGRAPHICS



DISEASE ONSET



PRESENTING LOCATION(S)

Cutaneous location(s), N=48	N (%)
Abdomen	5 (10.4)
Buttocks	13 (27.1)
Chest	2 (4.2)
Face	6 (12.5)
Genitals	25 (52.1)
Vulva	21 (43.8)
Penis/scrotum	4 (8.3)
Lips	8 (16.7)
Lower arm	2 (4.2)
Lower leg	6 (12.5)
Perianal	12 (25)
Peristomal	4 (8.3)
Upper arm	2 (4.2)
Upper leg	8 (16.7)

CUTANEOUS LESION(S)

Cutaneous lesion(s), N=48	N (%)
Aphthous stomatitis	2 (4.2)
Anal tags	3 (6.3)
Dermatitis	5 (10.4)
Edema	16 (33.3)
Erosions	5 (10.4)
Fissures	9 (18.8)
Fistulae	7 (14.6)
Lichenification	5 (10.4)
Mucosal cobblestoning	1 (2.1)
Nodules	10 (20.8)
Papules	2 (4.2)
Plaques	6 (12.5)
Ulcerations	19 (39.6)
Vesicles and bullae	1 (2.1)

GENITAL EDEMA

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ERYTHEMATOUS PAPULES & PLAQUES

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Aberumand B, et al.. *Biomed Res Int.* 2017;2017:8192150.

PSEUDO-VERRUCOUS PLAQUES

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Kurtzman DJ, et al. *J Am Acad Dermatol.* 2014;71(4):804-813;



INDURATED PLAQUES

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PERISTOMAL ULCERATIONS

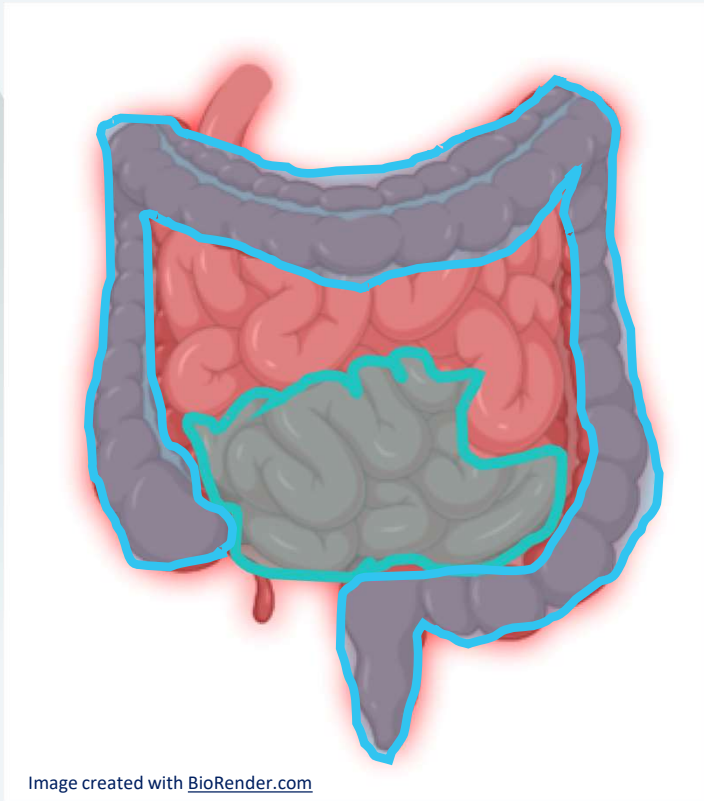
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LUMINAL DISEASE



75% (N=36)
found to have
luminal disease

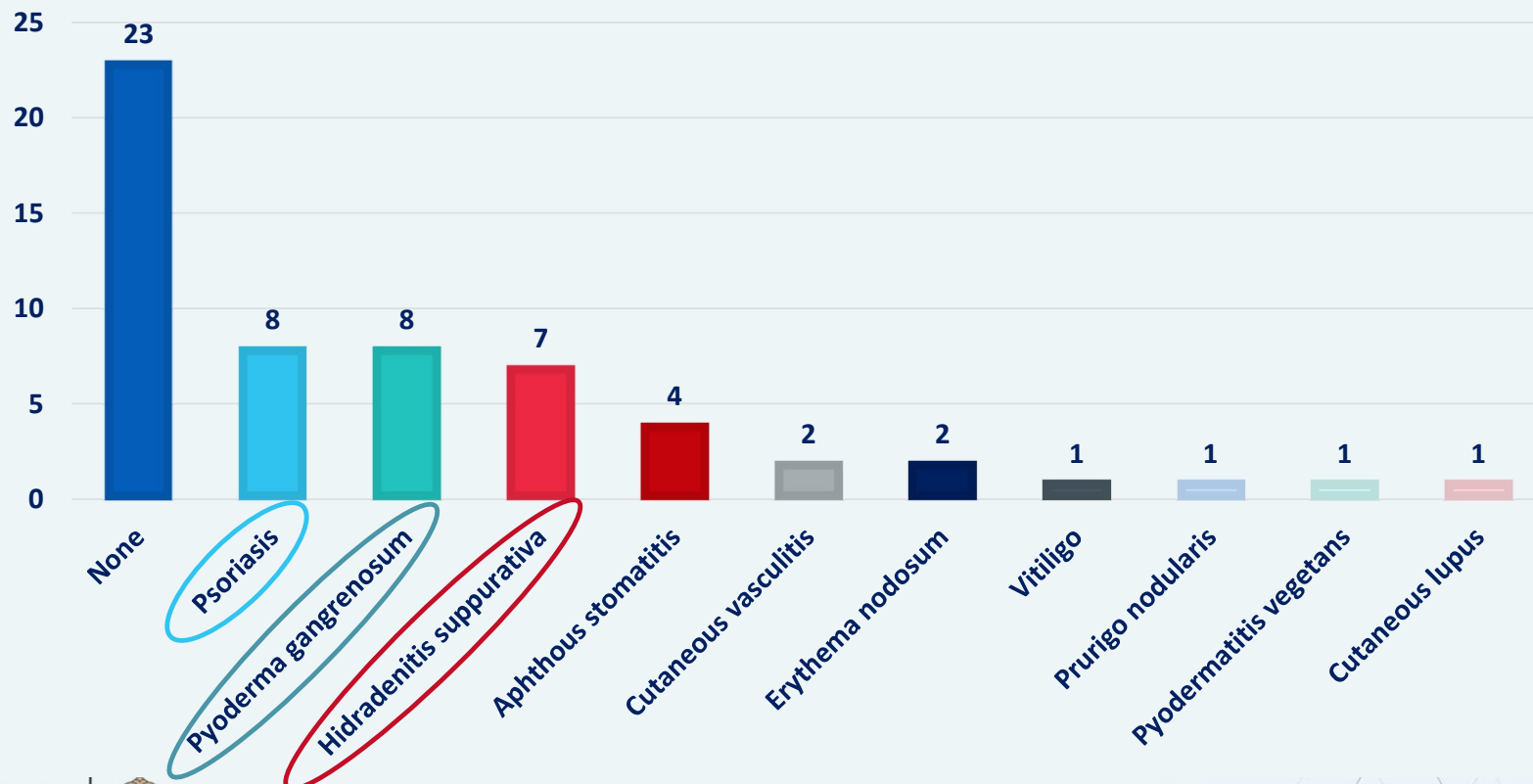
81% (N=29/36) diagnosed
with luminal disease prior
to MCD diagnosis

64% (N=23/36) had disease
of the ileum

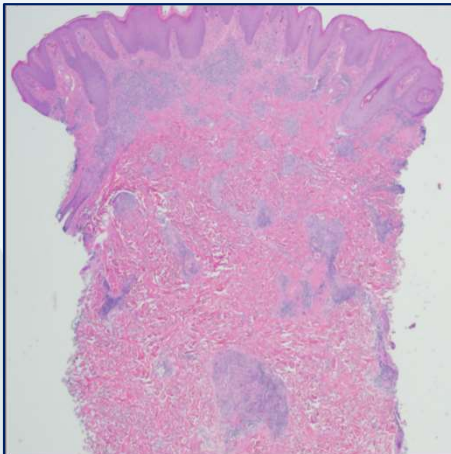
36% (N=13/36) had disease
of the colon

COMORBIDITIES

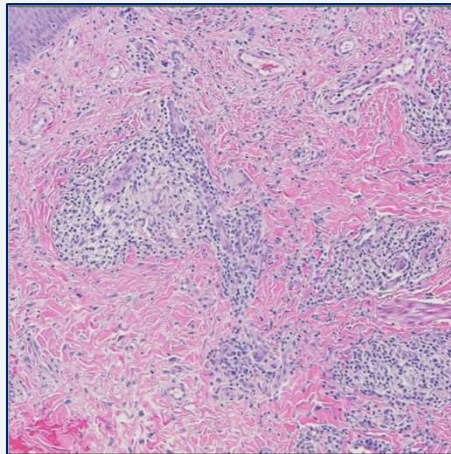
CUTANEOUS COMORBIDITIES (N=48)



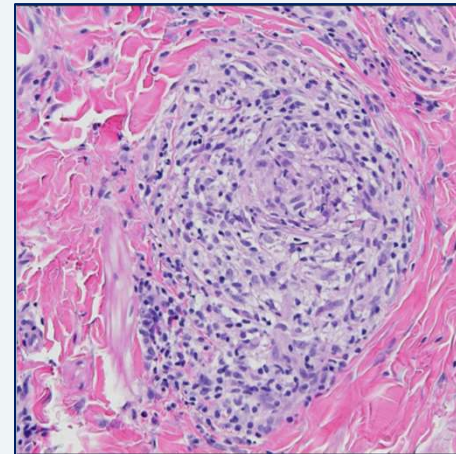
HISTOPATHOLOGY



Granulomatous infiltrate throughout the papillary and reticular dermis



Non-caseating epithelioid granulomas in the dermis



Epithelioid granuloma with cuff of lymphocytes

TREATMENT

Treatment History, N=48	N (%)
Treated with non-biologic systemic medication(s)	38 (79.2)
Systemic corticosteroids	30 (62.5)
Antibiotics	25 (52.1)
Aminosalicylates	12 (25.0)
Methotrexate	11 (22.9)
Tacrolimus	10 (20.8)
6-mercaptopurine	5 (10.4)
Azathioprine	3 (6.3)
Mycophenolate	3 (6.23)
Cyclosporine	2 (4.2)
Antimalarials (e.g., hydroxychloroquine, chloroquine)	2 (4.2)
Retinoids (e.g., acitretin, isotretinoin)	2 (4.2)
IVIG	1 (2.1)
Colchicine	1 (2.1)
Thalidomide	1 (2.1)

TREATMENT

Treatment History, N=48	N (%)
Treated with biologic therapy	
Yes	38 (79.2)
Before cutaneous diagnosis	25 (52.1)
After cutaneous diagnosis	11 (22.9)
Unclear/unknown	1 (2.1)
No	10 (20.8)
Type of biologic therapy	
TNFi therapy	36 (75.0)
Adalimumab	32 (66.7)
Infliximab	21 (43.8)
Certolizumab	8 (16.7)
IL-12/23 therapy	15 (31.3)
Ustekinumab monotherapy	8 (16.7)
Ustekinumab + vedolizumab dual therapy	7 (14.6)
IL-17A therapy	2 (4.2)
Secukinumab	1 (2.1)
Ixekizumab	1 (2.1)
JAK inhibitor therapy	1 (2.1)
Tofacitinib	1 (2.1)

RECOMMENDATIONS

HISTORY



**ROS should include
GI symptoms**

PHYSICAL EXAM



**FBSE with focus on
characteristic
clinical features
highlighted today**

BIOPSY



**Recommend
punch biopsy and
exclusion of
infection**

TREATMENT



**Early treatment
prevents morbidity**

FUTURE DIRECTIONS

- Develop histologic scoring system for cutaneous CD
- Propose histologic criteria to assist in diagnosis if granulomas not present

HISTOLOGIC CRITERIA



- Treatment consensus lacking
- Existing literature = small case series
- Limited data on biologic therapies
- Propose expert treatment algorithm

TREATMENT ALGORITHM



- Evaluate spatial transcriptome to develop targeted therapies

SPATIAL TRANSCRIPTOMICS



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THANK YOU

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QUESTIONS?

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