LETTER TO THE EDITOR

Severe psoriasis preceding diagnosis of large bowel Crohn's disease for 15 years

Dear Sir,

Psoriasis is a chronic, relapsing, autoimmune disease that represents a relatively rare extraintestinal manifestation especially in patients with inflammatory bowel disease. In Germany the relative risk of developing psoriasis in a patient with Crohn's disease (CD) has been estimated to be 2.1. The underlying relationship between these two disorders is largely unknown although it seems to comprise genetic data (involvement of shared predisposing loci or genes), immunological data (inflammation mechanisms such as activation pathway of Th17 lymphocytes), and environmental co-factors (smoking, possibly certain food proteins, and bacterial infections). Psoriasis follows the establishment of diagnosis of CD. The opposite has not yet been described. We describe here a patient who developed CD of the large bowel 15 years after the diagnosis of psoriasis.

A woman aged 65, was transferred to the emergency department of our hospital because of the development of a stroke. From the past history she mentioned severe psoriasis occupying more than 30% of the skin of her body's surface. During this period of 15 years she received various courses of corticosteroids as well as injections of efalizumab (raptiva) a monoclonal antibody that specifically bounds with the subunit CD11a of the lymphocyte function-associated antigen-1 on a regular basis. During recent years she experienced also mild chronic diarrhea which was aggravated during the last months. After improvement of the symptoms of stroke, she was transferred to the gastroenterology department in order to investigate the bowel symptoms. A diagnosis of large bowel CD was made on the basis of endoscopic, histological and imaging results. The administration of raptiva discontinued and the anti-TNF-α monoclonal antibody adalimumab (Humira) was started. The results were very satisfactory with significant improvement of both, bowel symptoms and the skin lesions. She was discharged in a good clinical and laboratory situation being on regular treatment with adalimumab.

In our patient the favorable response of the severe skin disorder to adalimumab administration seems to be strange as all anti-TNF agents including adalimumab, etanercept and infliximab have rarely been associated with new-onset psoriasis. This effect has been attributed to the fact that TNF-α regulates the production of INF-α, and TNF-α inhibitors may increase INF-α in patients with a certain genetic susceptibility finally engendering keratinocyte hyperproliferation, and epidermal psoriasiform hyperplasia.

In conclusion, this case suggests that psoriasis can precede the diagnosis of CD for a long period of time and that previous treatment for psoriasis could masquerade the clinical symptoms of the bowel disease thus delaying the diagnosis. Clinicians should be aware of this possibility when confronting a patient with psoriasis receiving corticosteroids or immunosuppressants who complains bowel symptoms for a long period of time, even of mild severity.

Conflict of interest statement

None.

References


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25 June 2012