SESSION 1
DERMATOLOGICAL MANIFESTATIONS OF IBD

INTERACTIVE CASE PRESENTATION

Jacob is a 19-year-old patient with prior history of childhood asthma and a small perianal abscess at age 12 that healed after local incision and drainage. He presented recently to his family doctor with firm red tender nodules on both shins. He was treated twice with prednisone for presumed erythema nodosum. Shortly after the second course, and while awaiting dermatology consultation, he reported blood in his stool and increased stool frequency. Urgent colonoscopy by a local surgeon at an ambulatory clinic found serpiginous ulceration and cobblestoning in the sigmoid and ascending colon. The ileum was not intubated. Biopsies were consistent with Crohn's disease. You see him in urgent consultation.

Decision Node 1

- Which advanced therapy would you recommend?

  a. Infliximab
  b. Adalimumab
  c. Ustekinumab
  d. Risankizumab
  e. Vedolizumab

Jacob starts on an infliximab biosimilar and has an excellent response with respect to his gastrointestinal symptoms and with no relapse of his erythema nodosum. He did not attend his dermatology appointment. Colonoscopy after 8 months shows ileal aphthous ulcers, a few sigmoid aphthous ulcers, and small inflammatory polyps throughout the colon. In the recovery room, he asks you to look at his rash. He points to raised and scaling patches around his nose, behind his ears, and on his scalp. You suspect a psoriasiform skin eruption induced by his anti-TNF therapy. You send a new dermatology referral, but there is a 6-month wait and he is adamant that he needs something to be done now.

Decision Node 2

- What would you do now?

  a. Continue infliximab and treat the rash topically
  b. Increase the infliximab dose
  c. Switch to adalimumab
  d. Switch to ustekinumab
  e. Switch to risankizumab
  f. Switch to vedolizumab

You switch him to ustekinumab, as he likes the idea of fewer injections and infusions. His skin improves and his gastrointestinal symptoms remain controlled. His dermatologist agrees with your treatment choice.

After a year on therapy, his Crohn's disease remains well controlled, but he returns to his dermatologist complaining that the rash has returned. This time, a small nodule on his left shin has evolved into an open sore. His dermatologist diagnoses pyoderma gangrenosum and prescribes a course of prednisone. Unfortunately, he has only partial healing. The dermatologist calls you to discuss options for advanced therapy.

Decision Node 3

- What would you propose?

  a. Increase the ustekinumab dose
  b. Switch to risankizumab
  c. Switch to adalimumab
  d. Add adalimumab
  e. Add infliximab
  f. Add tacrolimus

You decide to continue his ustekinumab and add biosimilar adalimumab. He again does well with respect to his gastrointestinal symptoms, and the pyoderma heals with only residual scarring. After six months, he returns for follow-up fed up with so many injections and wants to stop therapy. He has heard that there are lots of new treatments coming for Crohn's disease in case things flare up. He is also worried about treatment costs, as he will soon lose his parents' coverage.

Decision Node 4

- What would you suggest?

  a. Refuse to stop anything and tell him it would be foolish to do so
  b. Stop adalimumab and continue ustekinumab
  c. Stop ustekinumab and continue adalimumab
  d. Ask his dermatologist to decide