SKIN MANIFESTATIONS OF INTERNAL DISEASE

BOWEL-ASSOCIATED DERMATOSIS-ARTHRITIS SYNDROME REVEALING CROHN DISEASE

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Background: Bowel-Associated Dermatosis-Arthritis Syndrome (BADAS) is a reactional state which is rare but not exceptional. Initially described as a complication of ileo-jejunal bypass surgery, then as a reactional manifestation of chronic inflammatory bowel disease (IBD). It is rarely associated with and exceptionally revealing of Crohn disease.

Observation: We report the case of a 32-year-old woman, with no significant pathological history. Who consulted for an eruption of non-follicular pustules sitting on an erythematous base, associated with nodules on the upper and lower limbs. The whole evolving during 3 weeks in a context of fever, arthralgia and myalgia. A dysentery syndrome with glutinous and bloody diarrhea occurred few days after the eruption. The microbiological study of the pustules content as well as the stool coproparasitology were negative. The cutaneous biopsy showed a corneal pustule associated with a dermal infiltrate made of polymorphonuclear neurophils. Colonoscopy and colonic biopsies were in favor of Crohn disease. The patient was treated with oral corticosteroids (1mg/kg/day) and Azathioprine (2mg/kg/day). Apyrexia was obtained with disappearance of cutaneous, digestive and articular signs.

Key message: BADAS is rarely associated with and exceptionally revealing of Crohn disease.
Its pathophysiology remains hypothetical. The eruption is made of non-follicular pustules measuring 2 to 8 mm, sitting on an erythematous base and mainly located on the outer surface of the upper limbs, the lower side of the legs, the trunk and sometimes the scalp. Erythema nodosum elements and systemic manifestations like fever, myalgia, polyarthralgia, peripheral arthritis and conjunctivitis may be associated. Histology associates subcorneal pustulosis and signs of Sweet syndrome without fibrinoid necrosis of the vessels. The treatment is that of the underlying IBD. In the acute phase, it is based on general corticosteroids and on sulfasalazine or mesalazine. Some antibiotics active on intestinal bacterial growth (cyclines, sulfamethoxazole-trimethoprim, metronidazole) can also be effective.