Case report

Probable association between hidradenitis suppurativa and Crohn's disease: significance of epithelioid granuloma

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Hidradenitis suppurativa affects apocrine gland-bearing areas of skin and may produce perianal lesions clinically indistinguishable from the cutaneous manifestations of Crohn's disease1, suggesting an association between the two diseases1–3. A recent histological study3 of hidradenitis suppurativa described epithelioid granulomas in 10 per cent of cases. Some of these patients had systemic granulomatous disease, including Crohn's disease3. A report is made of a case of granulomatous hidradenitis suppurativa complicated by the later development of gastrointestinal Crohn's disease, and the concept of eventual development of systemic granulomatous disease is explored.

Case report

A 48-year-old man presented with an 11-year history of hidradenitis suppurativa affecting the axillae, groin and perineum, and requiring multiple repeated excisions. Histological examination of these lesions showed chronic inflammatory infiltrate with multiple non-caseating granulomas of both foreign body and epithelioid type (Fig. 1a and b).

Following excision the patient had persistent sinuses in the perineum requiring a loop sigmoid colostomy. Repeat examination failed to define an internal opening of the sinuses. There was no recurrence of extra-perianal lesions, but the patient was later admitted with perianal discharge and features of intestinal obstruction. At laparotomy a right iliac fossa mass with an adherent loop of sigmoid colon was resected by right hemicolectomy en bloc with sigmoid colon. Histological examination of the ileocaecal mass demonstrated Crohn's disease.

Discussion

Crohn's disease may be complicated by a variety of skin manifestations. Such lesions in the perianal area may be clinically indistinguishable from hidradenitis suppurativa, which has in fact been reported to coexist with Crohn's disease1–4, either predating2,3 or complicating it1,3,4. The present patient was believed to have been suffering from hidradenitis suppurativa. The finding of epithelioid granuloma in axillary, inguinal and perineal specimens, the subsequent development of abdominal Crohn's disease, and persistent perineal sepsis despite aggressive surgery questions whether he had Crohn's disease from the outset. This possibility seems unlikely as cutaneous lesions that are non-contiguous with the gastrointestinal tract (metastatic Crohn's disease) are rare and tend to complicate rather than precede Crohn's disease.

Two types of granulomatous reaction are seen in hidradenitis suppurativa1. Foreign body-type granulomas occur with acute inflammation in relation to keratinous debris or foreign material. Second, in the absence of acute inflammation, discrete non-caseating epithelioid-type granulomas unrelated to foreign material may be found deeper in the dermis.

Although regarded as a granulomatous disease, only 60 per cent of specimens resected from patients with Crohn's disease show epithelioid granulomas. It could therefore be argued that Crohn's disease and hidradenitis suppurativa are chronic inflammatory conditions with epithelioid granulomas occurring in those with a constitutive tendency to form granuloma as part of an immunological abnormality. This hypothesis would explain why Attanoos et al.3 also found granulomatous hidradenitis suppurativa in a patient with sarcoidosis, another condition in which a generalized tendency to form epithelioid granulomas is exemplified by their development in surgical scars5.

There are insufficient data to tell whether the association between hidradenitis suppurativa and Crohn's disease is more than a chance one, but it remains prudent
to consider that the small proportion of patients with hidradenitis suppurativa and epithelioid granulomatous inflammation may represent a group that is susceptible to systemic granulomatous disease, including Crohn’s disease.

References