

Dermatological manifestations of ulcerative colitis in Sri Lanka – how different is it?

D Renuka Mahanama¹, A H Sherifdeen², W D H Perera³ and T K Sripathy⁴

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Summary

The objective was to determine, the dermatological manifestations of ulcerative colitis (UC) in a Sri Lankan population; to compare our results with a Sri Lankan control group and with data from Western studies. 38 patients with a diagnosis of UC participated. Unlike in Western countries, Erythema nodosum and Pyoderma gangrenosum were not seen. But other skin manifestations not described in Western literature and not seen in the control group were found. Many of these turned out to be side effects to the commonly used drug sulphasalazine.

Introduction

Ulcerative colitis is a fascinating illness well known to give rise to multi-systemic manifestations. Unlike in the past, this disease is seen much more commonly today. UC can have many dermatological manifestations. Our objectives were¹ to study these, in a Sri Lankan population² to compare our results with a Sri Lankan control group and³ with data from Western studies.

Methods

38 patients with diagnosis of ulcerative colitis were identified from those attending the Profes-

sorial Unit Surgical Out Patients Clinic, National Hospital of Sri Lanka (NHSL). All of them underwent a detailed interview and a detailed clinical examination. Those who complained of or found to have a dermatological manifestation were referred to Dermatology clinic, Ward 13, NHSL, and were seen by a Senior Registrar and a Consultant. Where appropriate, skin biopsies were taken and sent for histology.

These patients were compared with an age, sex matched group of patients with bleeding per rectum attending the Rectal Clinic, Professorial Surgical Unit, NHSL, who did not have ulcerative colitis.

The results we obtained were compared with the results of the studies done in Western countries to determine whether there was a statistically significant difference in the pattern in Sri Lanka.

Results

38 patients with UC participated in the study. Current age ranged from 23-73 years with a mean age of 42.4 years.

Our female to male ratio was 3:1. The duration of disease ranged from 1-22 years. (Figure 1)

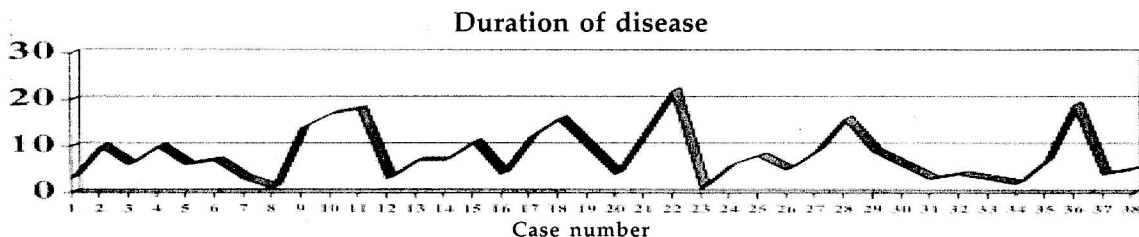


Figure 1. Out of these 38 patients, 11 patients were found to have dermatological problems as given below.

¹House Officer, ²Professor of Surgery, Department of Surgery, National Hospital, Colombo.

³Consultant Dermatologist, ⁴Senior Registrar, Department of Dermatology, National Hospital Colombo.

Table 1

Case 2	- Contact dermatitis for Nickel and Cobalt (watch metal and handbag)
Case 3	- Lymphocytic vasculitis
Case 11	- Venous pigmentation
Case 15	- Lichenoid eruption due to Sulphasalazine
Case 17	- Lichen striatum
Case 19	- Vitiligo of both legs, Tinea corporis and cruris, eczema of L/foot
Case 24	- Eczema
Case 27	- Lichen planus
Case 30	- Tinea cruris
Case 34	- Papular urticaria, Xerosis
Case 37	- Photo dermatitis aggravated by Sulphasalazine

A patch test was done on Case No.2. Skin biopsies were done on Case Nos. 3, 11, 15, and 17.

In the age and sex matched non ulcerative colitis control group of 38 patients only 2 patients had dermatological problems and they were diagnosed to be having Pityriasis versicolor.

Discussion

Western literature on studies done on Ulcerative Colitis show Erythema nodosum (2%), Pyoderma gangrenosum (0.5%), and aphthous ulcers as the commonest dermatological manifestations ^{1,2,3,4,5}.

In our study group of 38 UC patients we did not come across even a single patient with the above. This was not statistically significant due to the relatively small number of patients in the study.

The other skin manifestations that we came across in the study group (Table 1) and not in the control group are not described in relation to UC in Western literature.

The drugs that are prescribed to control UC are also well known to give rise to dermatological

manifestations. One such commonly used drug is sulphasalazine, an aminosalicylate⁶. It's skin manifestations are given below in Table 2.

Table 2. Skin manifestations following Sulphasalazine treatment⁷

1. Acute generalized exanthematous pustulosis
2. Angioedema
3. Aphthous stomatitis
4. Bullous eruption
5. Bullous pemphigoid
6. Chielitis
7. Dermatitis
8. Eczematous eruption*
9. Erythema multiforme
10. Erythema nodosum
11. Erythroderma
12. Exanthems
13. Exfoliative dermatitis*
14. Fixed eruption
15. Flushing
16. Hyperhydrosis
17. Lichen planus*
18. Lupus erythematosus
19. Necrosis
20. Photo sensitivity*
21. Pigmentation
22. Pruritus
23. Pruritus vulvae
24. Psoriasis
25. Purpura
26. Pustular eruption
27. Raynaud's phenomenon
28. Steven Johnson syndrome
29. Toxic epidermal necrolysis
30. Urticaria
31. Vasculitis*
32. Vulvo-vaginitis
33. Xerosis*
34. Hair-alopecia

* Conditions seen in our study population

One of our patient's developed extensive exfoliative dermatitis, for Sulphasalazine, which needed inward management. Desensitization for the above drug had been tried as it was crucial for the patient to continue taking the drug for disease control. Even this had failed, and at the time of the study he was on mesalazine (5 amino salicylic acid) a component of sulphasalazine (6) and was in remission.

Conclusions

Unlike in the Western countries, Erythema nodosum and Pyoderma gangrenosum were not seen in our population. But other skin manifestations not described in Western literature, and not seen in the control group, were found. Many of these turned out to be side effects to the commonly used drug sulphasalazine.

The authors are aware, that the relatively small number of patients who participated, was

a major drawback. However the absence of any other published data on this subject made it important to record the findings. Hence large group trials are needed in the future to carry out further in depth studies on this subject.

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