LETTER TO THE EDITOR

Crohn’s disease and Hidradenitis suppurativa. An uncommon association that responds to Infliximab

Dear Sir,

Crohn’s disease (CD) and Hidradenitis suppurativa (HS) are two chronic inflammatory diseases, with an unknown pathologic mechanism, where the tumoral necrosis factor (TNF) plays an important role.

We present a caucasic 50 year old woman, diagnosed with CD. She presented perineal recurrent abscesses before diagnosis, which were refractory to conventional treatment. She had undergone several abscess drainages with later clinical relapse. Finally she is diagnosed as HS by the dermatologist and treated with antibiotics, with limited improvement. The patient presented a mild but extensive affectation of the small intestine. The patient slowly started with abdominal pain and increased number of evacuations. Finally, periferic polyarthralgia was added. In this situation, gastroenterologists and dermatologists reached an agreement to start with a standard dose of Infliximab (IFX) of 5 mg/Kg at 0–2–6 weeks and later every 8 weeks as a maintenance treatment. After the second dose the lesions improved, and there was complete remission of skin and abdominal symptoms. Now the patient has received a 6 month IFX treatment being in complete remission of abdominal, cutaneous and joint manifestations.

HS is an inflammatory chronic, recurrent skin disease which manifests itself by clusters of deep and painful subcutaneous nodules, which can break up leading to the formation of fistulas and fibrous scars. Mild and moderate degrees are treated with antibiotics, retinoids, antiandrogens, cyclosporine and dapsone. In patients with severe and refractory disease more aggressive treatments are needed.

An association between HS and CD has been established. It has been observed that these patients are often smokers, and are more likely to develop perianal disease, with a higher need of immunosuppressor therapies and surgical resections. This probable association could be due to common ethiopathogenic mechanisms and therefore could share mutual treatments.

Treatment effectiveness of anti-TNFα in CD has been proved, but has not been established yet in severe HS. IFX’s use experience is greater than in the rest of anti-TNF, proving itself to be an effective treatment, with good/moderate response in 82% of the patients and achieving its maintenance in up to 32% after 3 months of ending the treatment. Adalimumab has also shown its effectiveness, however Etanercept, has not shown efficacy.

This case of CD could have been handled with a more moderate approach, since inflammatory activity and associated symptoms were not severe. However, the coexistence with HS made us consider IFX as a capable option in this patient, where HS was refractory to conventional therapies.

In conclusion, association between CD and HS is infrequent but exists, and the therapeutic approach with anti-TNF can achieve clinical remission of both pathologies. More studies are needed to clarify the close mechanisms that both diseases share.

Conflict of interest

The authors of this article declare not to have any conflict of interest.

References
