Cutaneous Manifestation of GI disease
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- Pyoderma gangrenosum
    - Diagnosis
        - Clinical – Ulcers, often purple to grey border, with overhanging edge
        - Biopsy for H&E from the edge of the lesion
        - Biopsy for bacterial, deep fungal, atypical mycobacterial culture
    - GI association
        - Crohn's and Ulcerative colitis
    - Non-GI associations
        - Inflammatory arthritis, hematological malignancy – especially AML/CML, MGUS/myeloma
    - Management
        - Topical steroids
        - Topical calcineurin inhibitors
        - Intralesional kenalog
        - Systemic therapies for mild disease – dapsone, colchicine
        - Systemic therapies for severe disease – prednisone, cyclosporine, anti-TNF, but there are reports with many other steroid sparing agents
- Cutaneous Crohn's disease
    - Diagnosis
        - Clinical – ulcers, often "knife like" in the inguinal folds
        - Biopsy for H&E from the edge of the lesion
        - Biopsy for bacterial, deep fungal, atypical mycobacterial culture
    - GI association
        - Crohn's disease
    - Management
        - Topical steroids
        - Topical calcineurn inhibitors
        - Intralesional kenalog
        - Treat as Crohn's
- Sweet syndrome
    - Diagnosis
        - Clinical – Edematous erythematous non scaling papules and plaques
        - Biopsy for H&E from a thick lesion
        - Often flu like symptoms and febrile
        - Often neutrophilia
        - Can have involvement of any organ
    - GI associations
        - Crohn's and Ulcerative colitis
    - Non-GI associations
        - Infections
            - Strep, Hep B, Hep C, HIV, almost any infection including viral URTI

        - Malignancies
            - Almost any, but more hematological especially AML
        - Drugs
            - G-CSF, anti-biotics
        - Autoimmune disorders
            - Connective tissue
            - Sarcoidosis
            - Behcet's
    - Management
        - Prednisone 0.5-1mg/kg x 2-6 weeks, then taper over 2-3 months
        - Anti-neutrophilic agents – colchicine, dapsone
        - Treat the underlying cause
- Erythema nodosum
    - Diagnosis
        - Clinical – tender erythematous dermal nodules on the anterior legs; lesions tend to pit with pressure
        - Biopsy – H&E from the most inflamed edematous lesion
    - GI association
        - Crohn's and Ulcerative colitis
    - Management
        - NSAIDS, leg elevation, potassium iodide, colchicine, anti-TNF
- Dermatitis herptiformis
    - Diagnosis
        - Clinical - Intense pruritus of the extensor forearms, extensor legs and lower back, patients may give a history of fluid filled vesicles but almost never seen as very short lived
        - Anti-TTG, Biopsy for H&E
    - GI association
        - Celiac disease
    - Management
        - Dapsone → rapid improvement of the cutaneous disease, but does not treat the GI disease
- Scurvy
    - Diagnosis
        - Clinical – perifollicular purpura, and corkscrew hairs
        - Vitamin C levels
    - GI association
        - GI blood loss
    - Management
        - Vitamin C
- Kaposi Sarcoma
    - Diagnosis
        - Violaceous macules, papules, and nodules of skin and oral mucosa

        - Often hemorrhagic
        - Classic variant mainly on the legs of elderly men
        - HIV associated – can be present on the face
        - Biopsy for H&E
    - GI association
        - GI Kaposi sarcoma → bleeding
    - Management
        - Chemo/radiation
- Hereditary hemorrhagic telangiectasia
    - Diagnosis
        - Clinical – telangiectases on the face, oral mucosa including the tongue, and acral surfaces, history of nose bleeds, often a family history
        - Can have a history of pulmonary artery hypertension with/without pulmonary Arterio-venous malformations
    - GI association
        - Arterio-venous malformations of the upper GI tract → Upper GI bleeds
- Pseudoxanthoma elasticum
    - Diagnosis
        - Clinical – yellow papules and plaques on the neck and the antecubital/popliteal fossa
        - Biopsy for H&E
        - Angioid streaks in the eye
        - hypertension, premature atherosclerosis, vascular/valvular calcification
        - uterine hemorrhage
    - GI
        - Upper and lower GI hemorrhages
    - Management
        - Need ophthalmological, GI, cardiology follow up