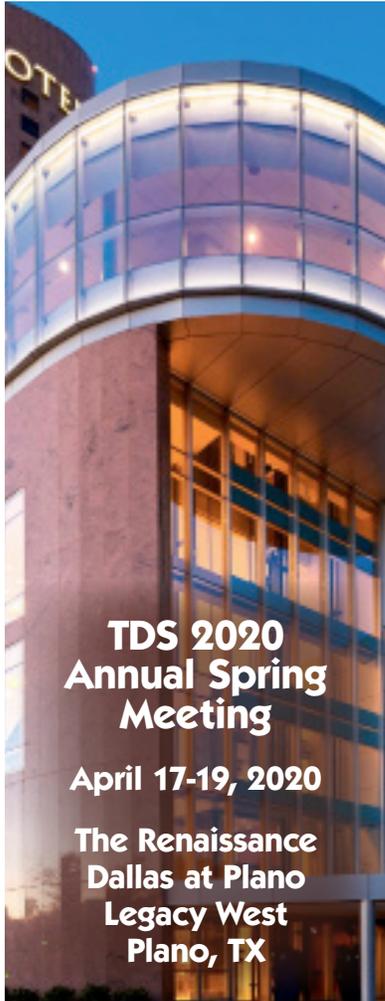




THE TEXAS Dermatologist

A Newsletter for members of the Texas Dermatological Society www.texasdermatology.org Winter 2019



TDS 2020 Annual Spring Meeting

April 17-19, 2020

The Renaissance
Dallas at Plano
Legacy West
Plano, TX

Keep us posted!

Send news of your recent appointments, accomplishments, announcements, etc.

We are unable to reprint abstracts or published articles; however, we will list the citation of any articles that were published in a peer-reviewed journal.

Send information to Laura.Madole@texmed.org for inclusion in the next newsletter.

President's Message

Conner Chan, MD



I hope everyone enjoyed the meeting in San Antonio as much as I did. Drs. Osswald and Wohltmann put together a fantastic program with engaging lectures. The TDS Bar Crawl to benefit the Adopt-A-Shade program was well attended. I had the honor to attend the shade structure dedication ceremony for Veterans Memorial Elementary in Roma, TX. The young students and faculty were extremely grateful for our support. I look forward to future events that raise skin protection awareness. The artwork for our first art show was fantastic! Please continue to participate and show off your talents so that future displays will grow and flourish.

This year I was fortunate enough to attend several leadership seminars and meetings. I would highly recommend applying for the AAD leadership forum or advanced leadership forum. This meeting was a great place to acquire leadership skills and meet current and future leaders of our field. I believe that all of our members have the ability to lead. I would encourage you all to get involved and help shape the future of our field. If you don't know where to begin, start with local societies and grow from there. We need leaders everywhere.

This is the first year that I attended the AAD legislative conference in Washington, D.C. to advocate for patients and dermatologists. Meeting with our legislators to discuss policies that are affecting our patients and practices in our nation's capital was invigorating. I had the chance to meet and chat with Senator Ted Cruz, Congressman Louie Gohmert, and Congressman Brian Babin. Attendance from Texas was a little light this year. Please make the time to attend so our voices can be heard.

At the leadership summit for state societies, TDS was recognized as one of the best state societies in the country. Every year we win awards. Recently, we have been awarded the American Academy of Dermatology's 2020 Presidential Citation Award. A large reason for our success is that we have a phenomenal executive director, Laura Madole. I could never give her enough gratitude and recognition for the work she does for us. Please thank her for her service when you see her.

I look forward to the spring meeting in Plano. Dr. Stetson and Texas Tech always put on a stellar program. Be sure to look at the registration brochure when it comes out – the AAD is going to host a “Young Physician Boot Camp” on Sunday, April 19th!

Happy Holidays!

Conner Chan, MD, TDS, President

Legislative Update *by Eric Woomeer*

Typically, the summer after a legislative session is pretty quiet around the state capitol. This year has proven to be an exception to the rule. Here are some of the issues that have occupied the Texas Dermatological Society legislative efforts since the 86th Legislature concluded.

The Capitol has been abuzz with activity since Texas experienced horrible back-to-back mass shootings in El Paso and Odessa. As a result of these tragedies, Gov. Greg Abbott created a Domestic Terrorism Task Force and issued eight Executive Orders addressing gun violence. Additionally, lawmakers were appointed to select committees on mass violence in the Senate and the House, and have been meeting around the state, including convening in the communities affected.

Rep. Dennis Bonnen, the Speaker of the Texas House, has been embroiled in one of the most notable Texas political scandals in recent memory, after he and one of his top lieutenants, Rep. Dustin Burrows (R-Lubbock) met with a far-right political operative, Michael Quinn Sullivan, in June. During that meeting, Bonnen and Burrows criticized leaders from Texas cities and counties and made derogatory remarks about some of their House colleagues, as well as discussed with Sullivan a list of ten Republican state representatives that he could endeavor to defeat in their re-election primaries without facing repercussions from the Speaker's political team. After it was revealed that the meeting was secretly recorded by Sullivan, Speaker Bonnen announced he was not running for re-election to the legislature (thereby stepping down as leader of the House) and Rep. Burrows announced his resignation as chair of the House GOP caucus.

Reigning in out-of-control, poorly supervised MedSpas remains a high priority for TDS. During the session, Senator Bryan Hughes (R-Mineola) filed SB 2366, which was intended to give the Texas Medical Board (TMB) additional tools to ensure that MedSpas operate with appropriate physician oversight and supervision. The legislation provided a definition of medical spas and 'false, misleading, or deceptive acts or practices', as well as set posting requirements for medical spas.

While the bill ultimately did not pass, the TMB did adopt new rules requiring a sign be posted prominently in MedSpas acknowledging the supervising physician's name and license number, along with information on how patients can file a complaint. TMB is also reviewing additional rules regarding the ownership structure of MedSpas and the delegation of authority to perform non-surgical medical cosmetic

procedures. TDS has participated in multiple stakeholder conversations on the proposed rules, which should be published for comment by year's end.

Also during the session, Sen. Jose Menendez (D-San Antonio) authored SB 1742, which creates a Joint Committee on Prior Authorizations to reduce administrative burdens on physicians. It also requires directories to be electronically searchable and accessible, and that insurers must post preauthorization requirements and processes on their websites for easy public access. TDS will work with TMA to identify prescribing burdens that should be considered for elimination.

Drug transparency was also addressed during this legislative session. Rep. Tom Oliverson (R-Houston) authored HB 2536, which requires pharmaceutical manufacturers to report to the Health and Human Services Commission (HHSC) current wholesale acquisition costs and list prices charged to wholesalers of certain FDA approved drugs sold in the state. Manufacturers must submit reports within 30 days if a drug's price increases drastically. The bill also requires Pharmacy Benefit Managers (PBMs) to submit an annual report and post online. Health plans are also required to submit detailed reports to the Commissioner on the 25 most frequently prescribed drugs, the percent increase in annual spending for drugs, and the percent increase in premiums attributable to drugs across plans.

The legislature also took a strong stand on prescribing Schedule II drugs, prescription monitoring, E-prescribing, electronic medical record integration and continuing medical education requirements. Official prescription forms ordered prior to September 1, 2018, are no longer be valid, unless a prescription is issued (written) prior to June 1, 2019. These prescriptions will only be valid for 21 days. A 10-day limit has been put in place for opioids for acute pain, as well as limits on refills. This doesn't apply to chronic pain, or chronic pain treatment as a part of cancer care, hospice care, or other end-of-life or palliative care. A requirement has been created to migrate to mandatory e-prescribing for scheduled medications by 2021 (to correspond with Medicare requirements) as well as a two-hour CME requirement. Texas-licensed pharmacies are required to report all dispensed controlled substances records to the Texas Prescription Monitoring Program no later than the next business day after the prescription is filled.

In March of this year, TDS suggested rule changes to foster increased availability of sunscreen in child camps and programs overseen by the Department of State Health Services

(Continued on next page)

Legislative Update *(continued)*

(DSHS). In October, TDS appeared before the Youth Camp Advisory Committee with additional materials, and hopes that DSHS will approve language (similar to legislation TDS passed in 2015 affecting public schools) to ensure that kids will always be permitted to bring their own FDA-approved sunscreen to summer camps and afterschool programs.

The 2020 election is rapidly approaching. Last cycle, fourteen House Republicans won their seat by less than five points, giving confidence to Democrats of a possible flip in 2020. A total of eight members of the House will not be returning, five of those are Republican and three are Democrat. Rep. Cesar Blanco (D-El Paso) is looking to fill the Senate seat being

vacated by the only Senator not returning, Sen. Jose Rodriguez (D-El Paso) and Rep. Eric Johnson (D-Dallas) became the Mayor of Dallas, and Rep. Jessica Farrar (D-Houston) retired from politics. The five Republicans not returning are; Speaker Dennis Bonnen (R-Angleton), John Wray (R-Waxahachie), John Zerwas (R-Fort Bend), Johnathan Stickland (R-Bedford), and Dwyane Bohac (R-Houston).

As always, I truly appreciate the opportunity to serve as the voice of the Texas Dermatological Society at the state Capitol. If you have questions or comments about ways I can assist you, please do not hesitate to ask!

Save the Date!

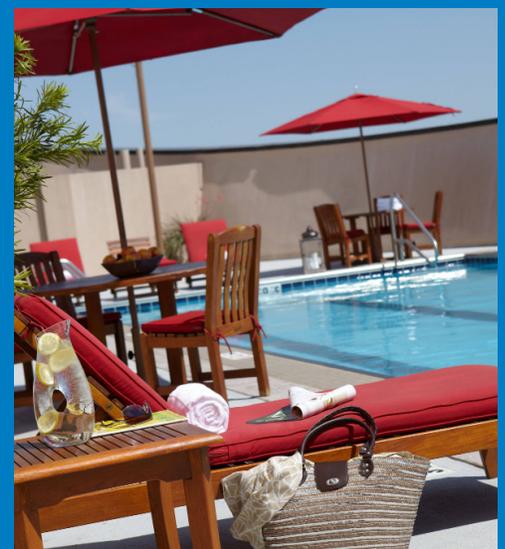
**2020 TDS Spring Meeting
April 17-19, 2020**

The Renaissance Dallas at Plano Legacy West

Hotel Room Rate: \$169/night

Reservations: (469) 925-1800

**Program Host: Cloyce Stetson, MD and Texas Tech
University Health Science Center**



TDS AAD Advisory Board Update

Angela Yen Moore, M.D.

Here are some updates from the AAD/AADA and ways that you can get involved:

2020 Proposed Medicare Physician Fee Schedule: On July 29, the Centers for Medicare & Medicaid Services (CMS) released its proposed 2020 Medicare Physician Fee Schedule proposed rule, which also includes updates to the 2020 Quality Payment Program (QPP). For an overview of the proposed rule click this link.

2018 MIPS Performance: To view your 2018 MIPS performance feedback and final score, and to request a review if you suspect an error has been made, log on to the Quality Payment Program website. Learn more.

New AAD Website: The AAD has launched a new version of its website! Check out the brand-new website at www.aad.org. Features of the new site include: improved navigation, shorter content with clear guidance and calls to action, upgraded search functionality, public content that will consistently remind the site's 28 million annual public visitors of the abilities of board-certified dermatologists and connects them to the Find A Dermatologist tool.

Drug Shortages: The AADA is looking for Members who are experiencing a shortage of lidocaine or lidocaine with epinephrine please visit the AAD's website for more information. The AADA plans send a letter to the head of the FDA Drug Shortage Task Force to continue to highlight the severity of the shortage and call for the agency to include the drug on the proposed essential drugs list. The AAD/AADA has also formed a committee to address Drug Shortages, so please let them know if you hear of any other drugs in short supply.

New Position Statement: In response to an Advisory Board resolution the AAD/A Board of Directors adopted the following position statement: Position Statement on Dermatology Residency and Fellowship Training Nomenclature Exclusivity for U.S. Based Dermatology Residents and/or Fellows: <https://www.aad.org/forms/policies/Uploads/PS/PS-Dermatology%20Residency%20and%20Fellowship%20Training.pdf>

Academy Supports Legislation that Would Ensure Patient Access to Medication: The U.S. Senate has introduced S. 2546, the Safe Step Act, which would establish guidelines to prevent the inappropriate use of step therapy in employer-sponsored health plans and create a process for patients and their physicians to seek exceptions. The AADA was instrumental in the introduction of this bipartisan bill and also issued a letter of support for the legislation, as it would ensure that step therapy protocols used by health plans will preserve the health care provider's right to make treatment decisions in the best interest of the patient. Urge your representative to support this bill at this link.

RFI on Regulatory Burdens: The Centers for Medicare and Medicaid Services (CMS) issued a Request for Information (RFI) seeking ideas from the public on ways to reduce administrative and regulatory burdens, and to increase focus on patient-centered care, innovation, and outcomes. This RFI is part of the agency's Patients over Paperwork initiative. The AADA plans to submit comments by the deadline.

- **AADA Comments on OTC Sunscreen Final Monograph:** The AADA sent a comment letter to the FDA on its proposed rule related to the over-the-counter sunscreen final monograph. The letter addresses:
 - How sunscreen is part of a comprehensive photoprotection plan
 - Importance of sunscreen product access when generating additional ingredient safety data
 - AADA recommendations to consider for dosage form requirements
 - How higher SPF sunscreen products benefit patients
 - Why the AADA supports the FDA's tentative determination that sunscreen-insect repellent combination products are not GRASE
 - Broad spectrum requirement
 - Compliance with the final monograph
- **GAO Interviews Academy Experts on Sunscreen Safety Testing:** The Government Accountability Office (GAO) recently interviewed experts from the American Academy of Dermatology Association (AADA) on the additional safety testing required for many sunscreen ingredients included in currently marketed sunscreen products. The Sunscreen Innovation Act (SIA) included legislative mandates for the GAO to produce two reports on FDA's implementation of the SIA and the over-the-counter (OTC) monograph process. The first report, published in November 2017, focused on the pending time-and-extent applications for new ingredients, which are currently available in other countries. This second report is required to be published by late May 2020. Additionally, the SIA requires the FDA to issue the OTC sunscreen final monograph by Nov. 26. Safety testing will take longer but important updates to OTC sunscreens will be finalized on this date and the AADA will provide updates.
- **UnitedHealthcare Psoriasis Formulary:** UnitedHealthcare informed the AADA that it is making minor adjustments to its formulary for psoriasis and is removing Taltz and Saliqu from its formulary. Currently these two drugs are available as a third step drug and represents approximately 1,000 covered lives. Skyrizi, which was excluded at launch, will be available on the first step.

Please let me know if you have any issues or concerns that you feel need to be addressed at the Academy level, and I can assist in developing and presenting a resolution to the Advisory Board. *Have a blessed holiday season!*



Adopt-A-Shade

The TDS joined forces with the AAD in summer 2019 to support an Adopt-A-Shade program! The school the TDS selected to receive the shade was the 'Veterans Memorial Elementary School' in Roma, TX. The TDS hosted an amazing Bar Crawl Welcome Reception at the Fall 2019 meeting in San Antonio. Five difference themed bars with unique drinks and appetizers at each bar were stationed along the beautiful trail at the Hyatt Hill Country Resort. Members and vendors came out and truly enjoyed the comradery and experience! The TDS is hoping to continue this new tradition in the future, thank you to everyone who participated!



1st Annual TDS Art Show

The TDS hosted its first annual art show at the Fall 2019 meeting! Several TDS members participated in the show, which was set up in the exhibit hall at the meeting. All art submitted was

unique and created by our own TDS members! We will continue to have this opportunity available to display art pieces in the halls at the meetings, please start thinking of what you can contribute now!

TDS Future Partner Supporters

Thank you to the following members who contributed to the "Future Partner" program:

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Turner M. Caldwell, III, MD
Conner Chan, MD
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Brent Spencer, MD
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John Michael Tieman, MD
Gregory D. Walker, MD
Wendi Wohltmann, MD, FAAD
David R. Wright, MD



San Antonio Co-Program Chairs,
Dr. Sandra Osswald and
Dr. Wendi Wohltmann

*Thank you to our
generous sponsors from
the 2019 fall meeting!*

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Pathology Reference Laboratory
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Welcome New Members!

New Active Members!

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Houston

Christopher Michael Edens, MD
Austin

Elizabeth Levacy Foley, DO
Austin

Charles Robert Gobert, MD
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Nabil Habash, MD
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Sharon Hymes, MD
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Nicole Marie Owens, MD
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Blakely S. Richardson, DO
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San Antonio

Tamara Wong, ACNP
San Antonio

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Suzanne Alkul, MD
Houston

Mary Elizabeth Anderson, MD
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Matthew Lee Arffa, MD
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Daniel Baird, MD
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Kristen Beck, MD
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Noelle Teske, MD
Dallas

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Lubbock

Kelly Michele Wilmas, MD
Houston

Ashleigh Elizabeth Workman, DO
FortWorth

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CO₂Laser Dermatol Surg. 2019 Jul 24. doi: 10.1097/DSS.0000000000001737. [Epub ahead of print]



Kudos!

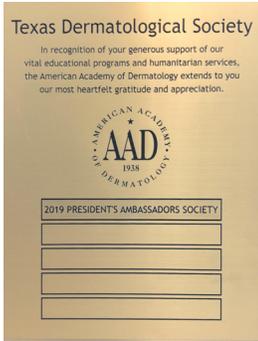
Congratulations to our TDS Socioeconomic/Legislative Chair, **Michael Graves, MD**. Dr. Graves has been awarded the 2019 Ruth M. Bain Young Physician Award by the Travis County Medical Society! The TDS is so proud to have such a fantastic physician in our leadership, congratulations again on this much-deserved award!



A Children's House for the Soul (ACHFTS)

The important work of A Children's House for the Soul (ACHFTS), a nonprofit organization founded by Dr. Alanna Bree, a pediatric dermatologist in Houston, was recently featured on CBS This Morning national news. The organization was recognized for their short film, "I Was Made A Masterpiece," produced in collaboration with Rick Guidotti of Positive Exposure. The film is intended to educate current and future medical professionals, educators, students and ultimately the greater community on the deep emotional impact of skin disease.

During the premiere of the film in New York City, 3 teenage girls featured in the film: Emily who has atopic dermatitis, Alex who has alopecia areata, and Mia who has linear scleroderma, were able to wear their disease but in way that they had defined due to the magic of a local fashion designer, Kimberly Oehrlein. The girls, with Kimberly's direction, designed gorgeous gowns with custom-printed fabrics that were created using the microscopic images of each of the girl's skin diseases. These beautiful young ladies wore their dresses down the runway during a unique fashion show & tell in front of a packed house on an unforgettable evening, while proving to themselves as well as the watching world that they are truly a masterpiece; an incredible work of art. If you want to learn more about this story or to view the film, please visit their website at www.achildrenhouse.org.



Congratulations to Our Outstanding Society!

The Texas Dermatological Society has been awarded the **American Academy of Dermatology's 2020 Presidential Citation Award**. This award acknowledges and recognizes individuals or groups who have made a significant contribution to

both the Academy and the specialty of dermatology. The TDS has been awarded this honor for funding the shade structure at Veterans Memorial Elementary School and for the commitment to teaching children from a young age how to protect their skin. The TDS will be honored and recognized during the 2020 AAD meeting in Denver, CO.

Congratulations to the Winners!

2019 Annual Fall Meeting Resident Podium and Poster Competition
The winning abstracts are printed below

PODIUM WINNERS

1st Place

Successful treatment of advanced cutaneous Squamous-Cell Carcinoma with Cemiplimab

Jose Cervantes, MD

Dell Medical School, University of Texas at Austin

With an estimated annual mortality of 3,900-8,700, advanced cutaneous squamous cell carcinoma (cSCC) accounts for approximately 20% of skin cancer related deaths in the United States.^{1,2} In September 2018, the Food and Drug Administration (FDA) granted approval of cemiplimab for metastatic and locally aggressive cutaneous squamous cell carcinoma. Prior to cemiplimab, patients with advanced cSCC had a dismal prognosis with an overall average survival of 10.9 months.³ We report the case of a 92-year-old man presenting with recurrence of biopsy-proven cSCC with perineural invasion of the right lateral brow and extension into the orbit and temple, previously treated with surgical excision and adjuvant radiation therapy. The patient underwent treatment with cemiplimab, a novel, high-affinity programmed cell-death 1 (anti-PD-1) inhibitor, with subsequent significant clinical regression of his tumor. This case exemplifies the role of anti-PD-1 immune checkpoint inhibitors in the treatment of advanced, surgically unresectable cutaneous squamous cell carcinoma.

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2nd Place

Cutaneous and Mucosal Methotrexate Toxicity

Noelle Teske, MD

University of Texas Southwestern Medical Center, Dallas, TX

We report a case report of a 49 year-old female with rheumatoid arthritis and Crohn's disease and history of colostomy and multiple small bowel surgeries, on ustekinumab, methotrexate, and chronic prednisone, who was admitted for the third time in three months for painful oral ulcerations and decreased oral intake. On previous admissions, these were felt to be consistent with aphthous ulcerations. However, on third admission, upon dermatologic exam, in addition

to extensive ulcerations of the buccal mucosa and mucosal lips, she was found to have scattered eroded pink papules on the trunk and extremities. Admitting labs were notable for mild transaminitis and pancytopenia. Serum methotrexate level was within normal range. Biopsy of representative cutaneous lesion revealed interface dermatitis with eosinophils, consistent with methotrexate toxicity. Direct and indirect immunofluorescence were unrevealing. Methotrexate was held indefinitely, the patient was treated first with intravenous folic acid, and subsequently leucovorin, in addition to intravenous and topical corticosteroids, and had marked clinical improvement in cutaneous and mucosal findings, as well as improvement in serologies.

Stomatitis has been reported as an early finding of methotrexate toxicity which can precede and herald impending pancytopenia. Cutaneous toxicity of methotrexate is less common but has been reported to occur both in areas of pre-existing dermatoses and in previously normal skin. Importantly, serum methotrexate levels may be normal in cases of low-dose methotrexate toxicity and do not appear to correlate with severity of cytopenia or mortality. Thus, dermatologic manifestations can be an important clue to diagnosis of methotrexate toxicity.

3rd Place

Triple Hit Lymphoma

Jenna Roach, MD

Texas Tech University Health Sciences Center, Lubbock, TX

We present a rare case of Triple Hit Lymphoma in a patient with preexisting B cell lymphoma. Skin findings included violaceous plaques and flesh colored indurated plaques with peau d'orange appearance to trunk and bilateral proximal lower extremities. Triple Hit Lymphomas are rare and infrequently reported in the literature. They are clinically aggressive tumors associated with poor prognosis. Extranodal disease is the most common presentation; however, patients presenting with CNS disease have a worse prognosis. Even though some are chemosensitive, there is a high recurrence rate and are almost always fatal.

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POSTER WINNERS

1st Place

Sporotrichosis Surprise: Disseminated Sporotrichosis Presenting After A Decade of Dormancy

Alison Messer, MD

The University of Texas Health Science Center, Houston, TX

Sporotrichosis occurs via cutaneous exposure to dimorphic fungi, *Sporothrix schenckii*, and presents with fixed cutaneous, lymphocutaneous, and rarely, disseminated manifestations. This disease is sometimes known as the “Rose Gardeners Disease,” referring to the fixed cutaneous presentation, in which a chancre-like lesion appears at the site of inoculation, usually from a thorn, splinter, or soil carrying the fungi. The disseminated form of sporotrichosis typically occurs in immunosuppressed patients, such as those with AIDS or alcoholism. In this case report, a 48-year-old male with presented with progressive bilateral edema of bilateral hands and left knee for several years. His history was remarkable for a motorcycle accident ten years prior, in which he had significant exposure to thorns and cacti. A left total knee replacement three years prior to presentation was complicated by a fungal infection, with blood cultures positive for sporotrichosis. The patient was placed on Itraconazole for one year, with possible non-compliance due to issues acquiring medication. Following a presumptive diagnosis of rheumatoid arthritis by outside provider, he was placed on prednisone, methotrexate, and etanercept. Within days of beginning treatment, the patient noticed scaly skin on his hands with progressing darkness and ulcerations.

Further work up revealed skin biopsy with tissue cultures positive in three locations for sporotrichosis, establishing the diagnosis of disseminated sporotrichosis. He required an extended hospitalization for IV antifungal treatment. This case is unique as it demonstrates a persistent sporotrichosis infection in a relatively immunocompetent host which flared after a decade of indolence in response to immune system stressors.

2nd Place

Rapidly Progressing Pigmented Patches in an Infant

Megan Harris, MD

Baylor Scott & White, Temple, TX

Umbilical granulomas are a common complication in neonates following cord separation and are typically treated with silver nitrate. We present the case of a 2 month old male infant who was treated with silver nitrate for excessive umbilical granulation tissue and hours later developed rapidly progressing hyperpigmented patches in the periumbilical region. The appearance of his skin lesions suggested an external cause and clinically resembled burns. Further history revealed silver nitrate had been inadvertently wiped across the abdomen after treatment of the umbilical granuloma. He was ultimately diagnosed with chemical burns following silver nitrate treatment. It is important for clinicians to take a thorough history and be aware of this potential complication of silver nitrate in pediatric patients to prevent further unnecessary and potentially invasive diagnostic testing.

3rd Place

Metastatic Crohn's Disease: A Rare Clinical Presentation

Tara Braun, MD

Baylor College of Medicine, Houston, TX

Introduction

Metastatic Crohn's disease is a rare cutaneous manifestation of Crohn's disease characterized by non-caseating granulomas in regions non-contiguous with the gastrointestinal tract. We present a case with involvement of the breast, genital, and inguinal regions.

Case Report

A 31-year-old female with a history of systemic lupus erythematosus, IgA nephropathy, and psoriasis presented with a one-month history of a painful, pruritic rash involving the inframammary and genital skin. Cutaneous examination revealed a large, tender ulcer under the left breast with a shiny erythematous base and peripheral hypertrophic changes. A similar lesion without ulceration was present under the right breast. Small ulcers were also noted on the bilateral inguinal folds, and the labia majora were edematous with multiple erythematous and skin-colored papules. Tangential biopsy of the left breast revealed ulceration with granulomatous dermatitis, consistent with a diagnosis of metastatic Crohn's disease.

Discussion

Although rare, this case demonstrates the importance of considering metastatic Crohn's disease when a patient presents with intertriginous or genital lesions, even in the absence of active intestinal disease.

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