



Crohn's Disease Presenting with Periorbital Rash

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Clinical image description

A 5-year-old boy presented with complaints of fever, pain abdomen for 1 month and periorbital rash for 7 days. Symptoms were preceded by poor weight gain over the last 6 months and recent weight loss of 2 kgs. The periorbital rash was bilaterally symmetrical, violet tinged, non-pruritic with visible thin veins and the vision was un-affected with no scleritis, had no similar rash elsewhere on the body. Family and past history was normal. Anthropometry showed stunting, BMI was 16.6kg/m. He had oral aphthous ulcers though neck, extremities and joints were normal. Neutrophilic leucocytosis, thrombocytosis with raised ESR and CRP was seen. CPK and LDH was normal. ANA, RF, serum aldolase and myositis panel was negative but faecal calprotectin was 555mcg/mg. On upper and lower endoscopy

examination and pathology he was diagnosed with IBD-crohn's. He went into remission after 2 weeks of treatment (Prednisolone) and the periorbital rash disappeared.

Extraintestinal skin manifestations (EIM) are frequently associated with inflammatory bowel disease with frequency of 6–23% (higher frequency in older than six) [1]. These lesions appear before the gastrointestinal symptomatology or concomitant with disease activity. Commonly reported skin manifestations are erythema nodosum, pyoderma gangrenosum, hidradenitis suppurativa and even psoriasis [2]. This rash without associated myositis has been rarely reported. We hereby report a child who presented with periorbital rash and fever which confounded the differential diagnosis of IBD.



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Figure 1: Image highlights a violet tinged periorbital rash which is bilaterally symmetrical with visible thin veins over the rash.

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