Perianal Skin Tags in a Patient With Crohn Disease and a Subclinical Rectal Stricture

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A 21-year-old female-to-male transgender individual with a history of Crohn disease presented with enlarging perianal papules that initially were misdiagnosed as condyloma acuminatum. A biopsy specimen demonstrated granulomatous inflammation characteristic of Crohn disease. Although the patient's Crohn disease had been quiescent for years, a subsequent evaluation revealed the presence of a rectal stricture that was then dilated. Perianal skin tags with granulomatous inflammation are one of many perianal manifestations of Crohn disease. Increasing numbers or size of these lesions may herald worsening of more proximal Crohn disease, as in our patient. We review the epidemiology, classification, and management of perianal skin tags in patients with Crohn disease.

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Originally described in 1932,[1] Crohn disease is a chronic inflammatory disorder of unknown etiology that can manifest throughout the gastrointestinal tract, in the skin, and in other organs.[2] Crohn disease usually presents with right lower quadrant pain and diarrhea. However, perianal disease is the presenting complaint in 5% of cases and may precede intestinal disease in 20% to 36% of patients.[3,4] Perianal disease ultimately affects approximately one third of patients with Crohn disease[3]; of these patients, 74% are affected within 10 years of diagnosis.[4]

We present the case of a 21-year-old patient with clinically quiescent Crohn disease who presented with enlarging perianal lesions. After initial misdiagnosis as condyloma acuminatum, these lesions were diagnosed as perianal skin tags with granulomatous inflammation characteristic of Crohn disease. Further evaluation of the patient led to discovery and then treatment of a rectal stricture.

Case Report

A 21-year-old female-to-male transgender individual had a 15-month history of enlarging asymptomatic perianal lesions. The lesions, which had been diagnosed by another physician as condyloma acuminatum, had not responded to multiple treatments with

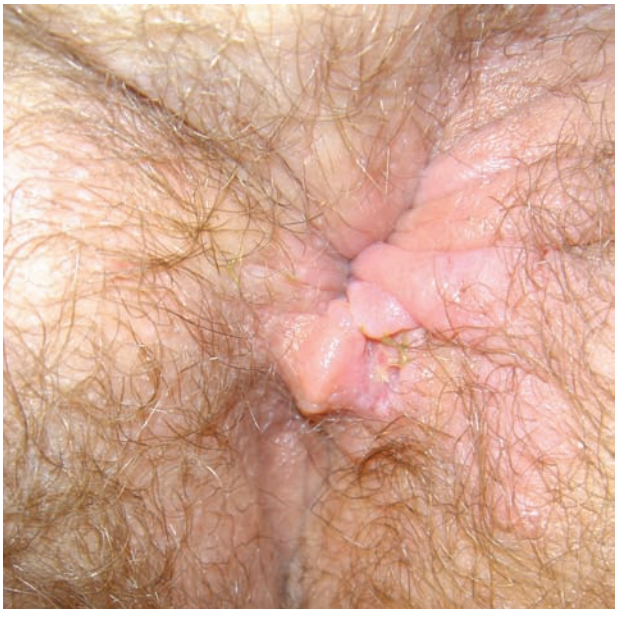

Figure 1. Perianal papules in a 21-year-old female-to-male transgender individual.

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The authors report no conflict of interest.

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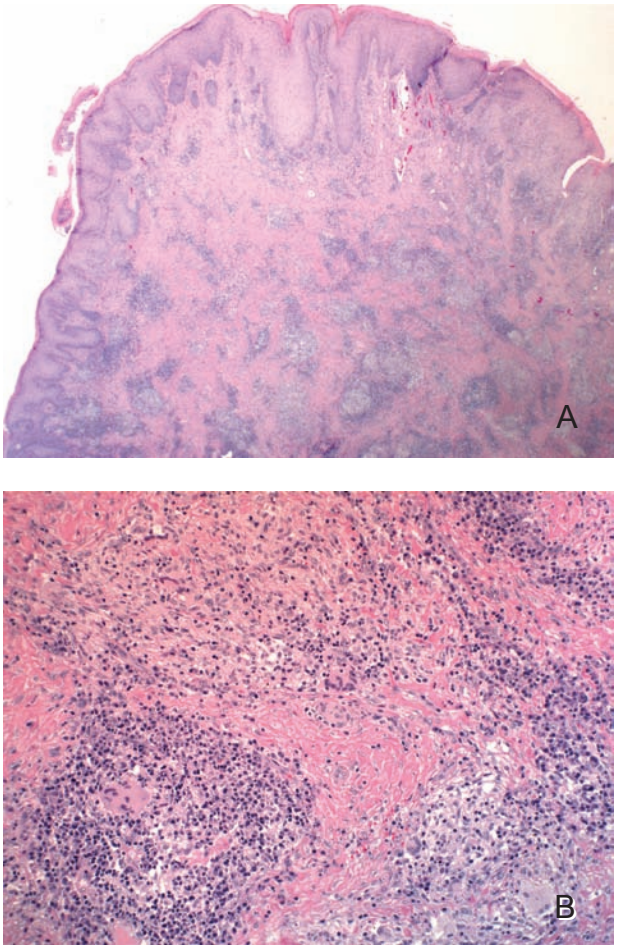

Figure 2. Dome-shaped papule with minimal acanthosis and granulomatous inflammation (H&E, original magnification ×1.5)(A). Aggregates of epitheliod histiocytes admixed with multinucleated giant cells and lymphocytes (H&E, original magnification ×10)(B).

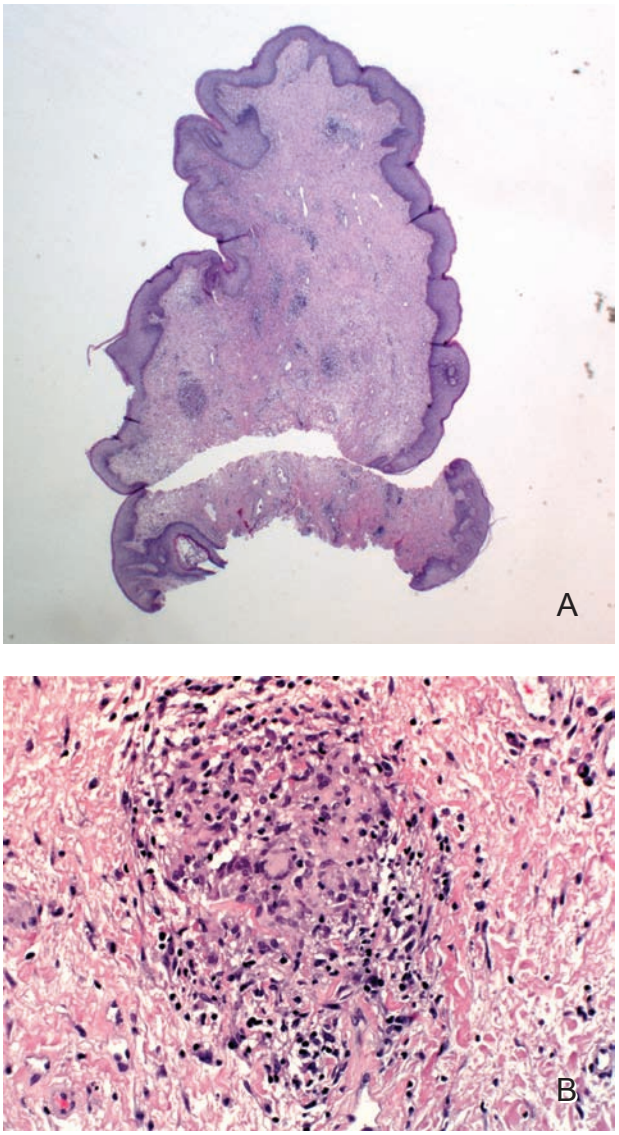

Figure 3. Dome-shaped papule with histologic features of a skin tag (H&E, original magnification ×1.25)(A). Rare sarcoidal granulomas (H&E, original magnification ×20)(B).

liquid nitrogen and had worsened with treatment with imiquimod cream. The patient had a 10-year history of Crohn disease that had been treated with prednisone and 6-mercaptopurine. Treatment was discontinued after the patient became symptom free following a right hemicolectomy.

Physical examination revealed flesh-colored, soft, perianal papules (Figure 1). Biopsy specimens demonstrated dome-shaped lesions with fibrovascular stroma and minimal acanthosis, with small aggregates of loosely formed sarcoidal granulomas (Figures 2 and 3). The lesions in which biopsies were performed had recurred by the time of a follow-up visit several weeks later.

A digital rectal examination performed by a gastroenterologist revealed a rectal stricture, which was dilated with a proctosigmoidoscope by a colorectal surgeon. A follow-through study of the small bowel revealed no evidence of active Crohn disease. The perianal papules have since recurred and the patient has declined further excisions.

Comment

Skin tags are an important manifestation of perianal disease in Crohn disease. In one case series from the United Kingdom, skin tags were present in 75 of 202 patients (37%).[5] A classification of perianal Crohn disease, proposed in 2003 by the American Gastroenterological Association, includes 2 types of skin tags.[6] The first, like that seen in our patient, is a typically soft, painless, pedunculated papule. These tags may interfere with perianal hygiene. If so, they may be excised at the base, with care taken not to

injure the anal canal[7]; however, they may recur.[6] The second type is a larger, edematous, hard, cyanotic papule usually arising from a healed anal fissure or ulcer.[6] Excision generally is contraindicated because of poor wound healing.[6,8] Exceptions may be made if tags are painful or hemorrhagic or if malignancy is suspected.[3] Symptomatic tags also may be treated with topical steroids.[7] Of note, hemorrhoids are less common than skin tags in patients with Crohn disease.[3,4]

Removal of skin tags for pathologic evaluation may be useful in diagnosing Crohn disease. Pathognomonic granulomas are rarely seen in biopsy specimens of the gastrointestinal tract mucosa and in only half of surgically resected bowel specimens.[2] By comparison, in one study of 26 patients with Crohn disease, granulomas were seen in biopsy specimens of perianal skin tags from 9 patients (35%).[9]

Perianal skin tags may be more prominent in the setting of active proximal disease,[4,7] perhaps because of increased lymphatic obstruction.[4] Treatment of proximal disease may improve perianal disease.[3,10,11] In one case series, 12 of 37 patients with Crohn disease (32%) with skin tags associated with fissures or fistulas experienced resolution of the tags at the end of a 10-year follow-up period.[10]

Awareness of skin tags as a perianal manifestation of Crohn disease may facilitate diagnosis of the condition or, as in our patient, prompt referral to a gastroenterologist or colorectal surgeon for further evaluation and management of subclinical gastrointestinal tract disease.

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