An infiltrated vulvar plaque

Metastatic cutaneous Crohn's disease

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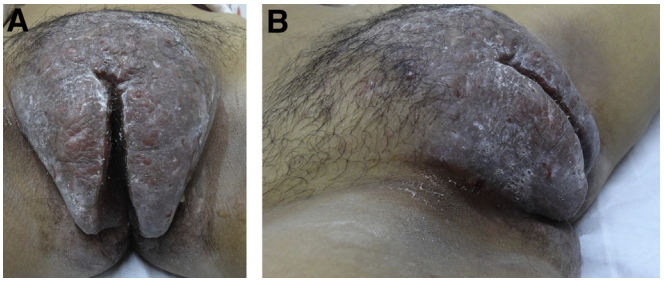
FIGURE 1
Vulvar plaque



A large, well-defined, erythematous and edematous firm plaque affecting the vulvar area symmetrically. **A**, front view; **B**, lateral view).

Bishnoi A. An infiltrated vulvar plaque. Am J Obstet Gynecol 2019.

A young woman sought evaluation for a firm, slightly tender, well-defined, large erythematous and edematous plaque affecting her vulvar area symmetrically (Figure 1a, b). There was no lymphadenopathy or frank ulceration. Perianal area, groins, and axillae were normal. She denied having local trauma, chronic cough, weight loss and fever, melena, or hematochezia. Histopathology from vulvar skin revealed multiple interstitial and perivascular, noncaseating, ill-defined granulomas composed of histiocytes, numerous Langhans giant cells, lymphocytes, and eosinophils (Figure 2; hematoxylin and eosin, ×100; blue and black arrows mark giant cells and lymphocytes respectively). A mild degree of vasculitis was also observed. Culture and polymerase chain reaction results for *Mycobacterium tuberculosis*, fungi, and *Chlamydia trachomatis* were negative. Chest x-ray was normal, and tuberculin skin test was 0×0 mm. Fecal calprotectin level (150 μg/g) was elevated. Computed tomography–enterography and colonoscopy revealed distal ileal ulcerations. Histopathology revealed intestinal Crohn's disease. The patient was prescribed prednisolone, azathioprine, and sulfasalazine, and responded fairly well (Figure 3a, b; posttreatment). Metastatic Crohn's disease is therefore an important clinical differential for persistent vulvar plaques. ■

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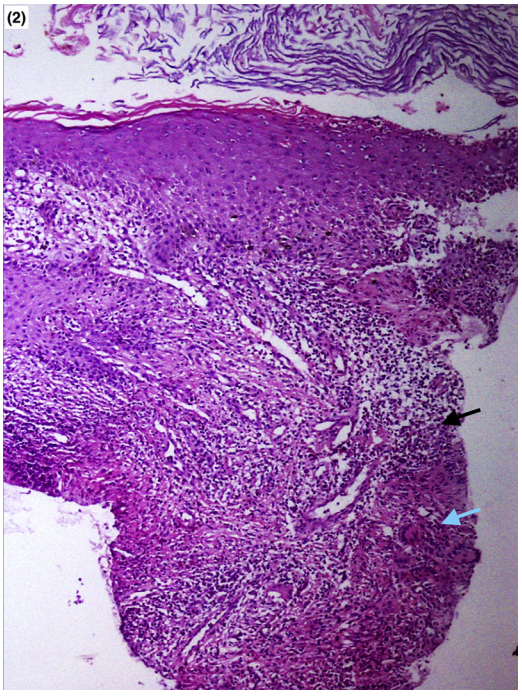
FIGURE 2
Histopathology



Multiple interstitial and perivascular, non-caseating, ill-defined granulomas composed of histiocytes, numerous Langhans giant cells, lymphocytes and eosinophils are seen. Mild degree of vasculitis is also present (Hematoxylin and eosin, 100x, blue and black arrows mark giant cells and lymphocytes respectively).

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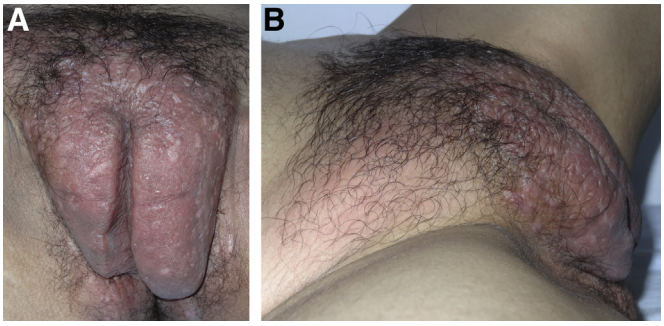
FIGURE 3
After treatment



Reduction in the size and erythema of the plaque after 2 months of initiating treatment with prednisolone, azathioprine and sulfasalazine. **A**, front view; **B**, lateral view).

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