



Abstract N°: ID-1088

Topic: Acne and related disorders, hidradenitis suppurativa

Coexistence of vulvar crohn's disease and hidradenitis suppurativa: A diagnostic and therapeutic challenge

Yasmine Mahdar*¹, Hanane Rachadi¹, Meriem Takiddine¹, Aicha Darif¹, Fouad Haddad¹, Wafaa Badre¹, Soumiya Chiheb¹

¹Hôpital Ibn Rochd, Casablanca, Morocco

Introduction

Vulvar Crohn's disease is a rare extraintestinal manifestation of Crohn's disease, described mainly in isolated clinical cases. It may occur in association with luminal gastrointestinal involvement or, more rarely, as the sole clinical manifestation of the disease. Because of its nonspecific presentation, it is frequently underdiagnosed, leading to delayed management.

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory dermatosis affecting apocrine gland-bearing areas such as the axillae and anogenital region.

Although associations between luminal Crohn's disease and HS have been previously reported, the coexistence of isolated vulvar Crohn's disease with axillary HS in the absence of intestinal involvement had not been described before.

Results

Case presentation:

A 45-year-old woman with a family history of Crohn's disease underwent hemorrhoidal surgery in October 2023, during which a large fissure was discovered within a hemorrhoidal pack. Histology showed a tuberculoid granuloma without caseous necrosis, leading to empirical anti-tuberculosis treatment for six months without clear clinical benefit.

Two years later, she presented with diffuse vulvar lymphedema with multiple fissures, rhagades, and progressively worsening fistulizing axillary lesions. Vulvar biopsy revealed non-necrotizing tuberculoid granulomatous inflammation without detectable pathogens. Tissue PCR for *Mycobacterium tuberculosis* and QuantiFERON-TB Gold were negative.

Axillary biopsy showed chronic inflammatory dermatitis without malignancy. Gastrointestinal investigations (gastroscopy, colonoscopy, fecal calprotectin, and CT enterography) were entirely normal, with no evidence of luminal Crohn's disease. The diagnosis retained was isolated vulvar Crohn's disease associated with axillary hidradenitis suppurativa. The patient was treated with tetracyclines combined with intravenous infliximab (5 mg/kg) and azathioprine (1.5 mg/kg/day).

Conclusions

This case illustrates that vulvar Crohn's disease may occur in the absence of any gastrointestinal involvement and can be easily misdiagnosed, particularly as tuberculosis or hidradenitis suppurativa. The association with axillary HS is exceptionally rare and increases diagnostic complexity, since each condition is a differential diagnosis of the other.

In the absence of standardized therapeutic guidelines, management should be multidisciplinary, involving dermatologists, gastroenterologists, and gynecologists, and may require immunosuppressive therapy and anti-TNF agents in severe or associated cases.

EADV Symposium 2026 – Athens
07 MAY - 09 MAY 2026
POWERED BY M-ANAGE.COM

