Home Study Course: Spring 2001

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■ **Objective:** The Home Study Course is intended for the practicing colposcopist or practitioner who is seeking to develop or enhance his or her colposcopic skills. The goal of the course is to present colposcopic cases that are unusual or instructive in terms of appearance, presentation, or management or that demonstrate new and important knowledge in the area of colposcopy or pathology. Participants may benefit from reading and studying the material or from testing their knowledge by answering the questions.

■ **ACCME Accreditation:** The American Society for Colposcopy and Cervical Pathology (ASCCP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this continuing medical education activity for 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association. Credit is available for those who choose to apply. The Home Study Course is planned and produced in accordance with the ACCME's *Essential Areas and Elements.*

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CASE

A teenager presents to the gynecology clinic with vulvar pruritus and edema. She complains of moderate pain to touch. Previous treatments utilized for her complaints include antifungals (topical and oral) and an antihistamine; the previous treatments did not provide relief.

The vulvar appearance is demonstrated in Figure 1 and Figure 2.

A perianal biopsy was performed. The histology is demonstrated in Figure 3.

Other histologic cuts show multiple areas containing multinucleated giant cells.

Question 1

The appearance of the vulva and histology is consistent with:

a. Granuloma inguinale

b. Sarcoidosis

c. Tuberculosis

d. Crohn's disease

Question 2

All of the following may be signs and symptoms of this disease process except:

a. Fever

b. Sterile pyuria

c. Bloody stools

d. Weight loss

Question 3

The various treatments that are utilized for this condition are:

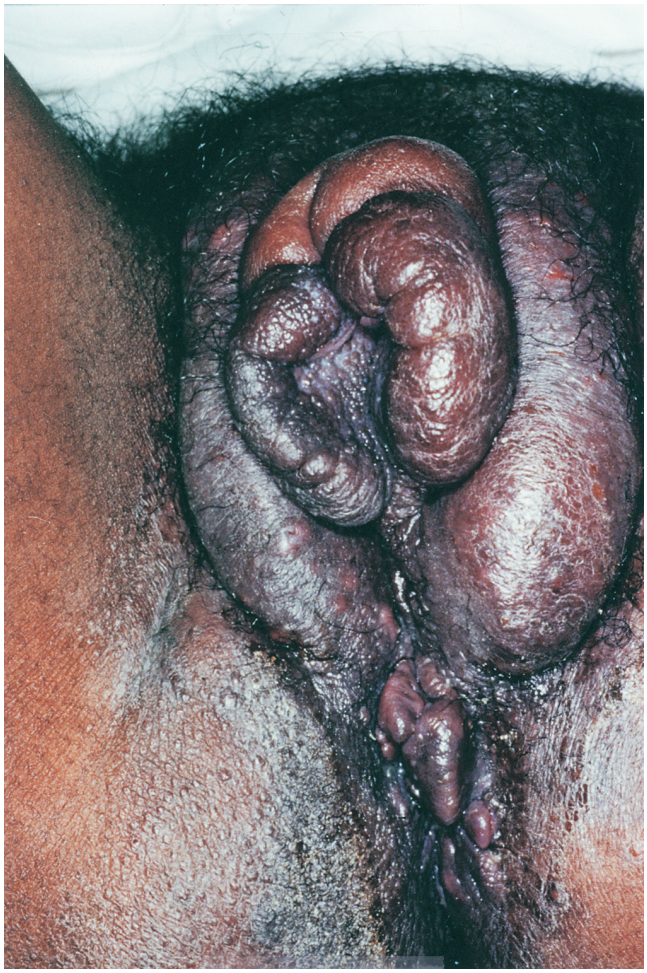

Figure 1 (Vulva)

a. No treatment needed

b. Isoniazid (INH), rifampin, pyrazinamide, ethambutol, streptomycin

c. Sulfamethoxazole/trimethoprim (Bactrim®) alone

d. Metronidazole, ciprofloxacin, metronidazole plus ciprofloxacin, infliximab (Remicade®), azathioprine (Imuran®), or 6-mercaptopurine

Question 4

This disease affects:

a. Females more often than males

b. Males more often than females

c. Females and males equally

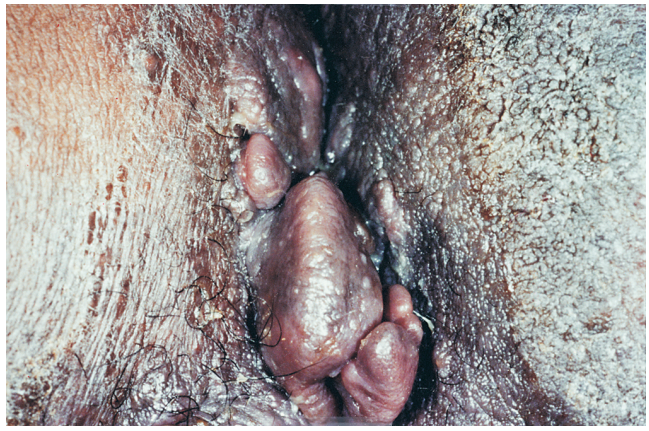

Figure 2 (Anus)

Question 5

Another patient is seen with the same underlying disease process.

Figure 4 demonstrates a:

a. Labial vaginal fistulae

b. Rectovaginal fistulae

c. Fissure

d. Skin tag

Question 6

Is there an increased risk of any form of cancer in patients with this disease?

a. Yes

b. No

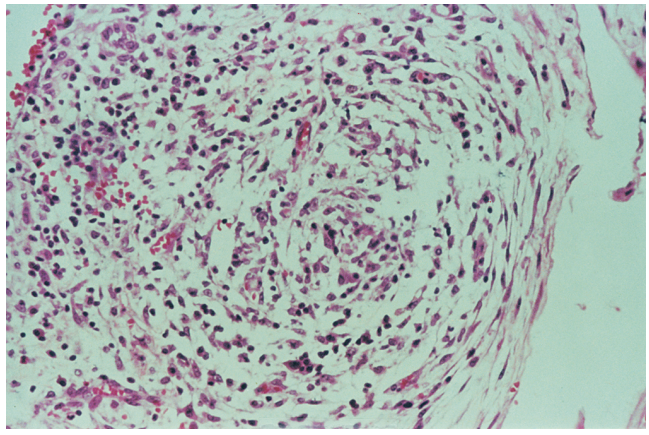

Figure 3.

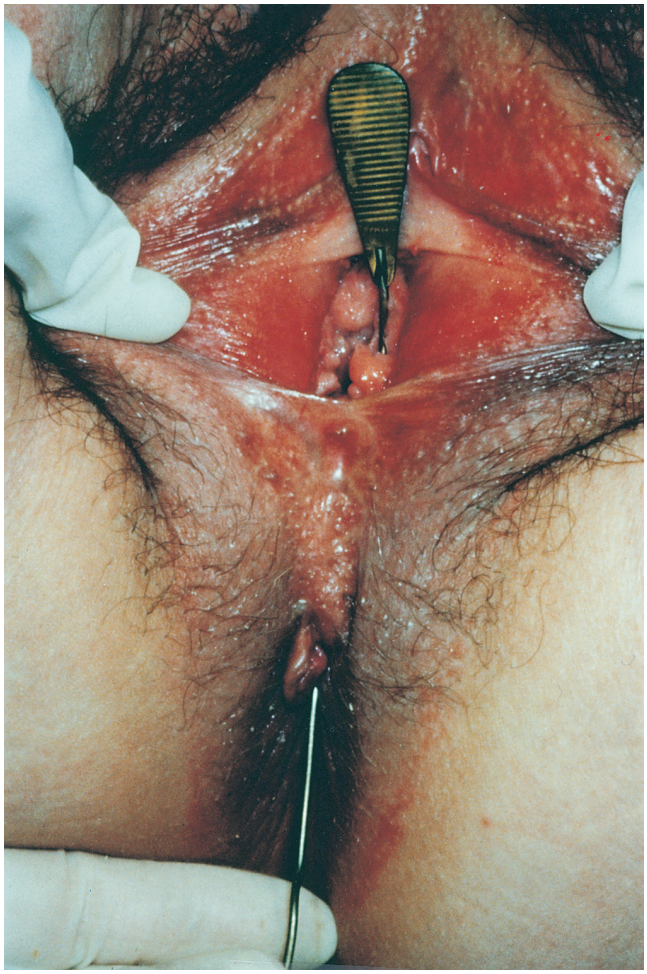

Figure 4.

Answers

1. *d*

   Crohn's disease is a chronic inflammatory bowel disease. As many as 1 million Americans suffer from Crohn's disease. Up to 120,000 people per year are diagnosed with moderate-to-severe disease. It most often appears in the second to fourth decade of life. Vulvar Crohn's disease is rare. A diffuse lymphohistiocytic infiltrate is present on histologic evaluation. A loose noncaseating granuloma is seen. The absence of caseation excludes tuberculosis. Stains for acid-fast bacteria would be negative. While noncaseating granulomas are seen in sarcoidosis, the presence of giant cells in this patient excludes sarcoidosis. Giant cells are numerous in Crohn's disease, while sarcoidosis has rare or no giant cells. Granuloma inguinale is characterized by Donovan bodies on histology. None are present in this histologic specimen.

2. *b*

   The most common symptoms of Crohn's disease are abdominal pain and cramping (lower right area), and diarrhea, often following a meal. Rectal bleeding, weight loss, joint pains and fever also may occur. Anemia may be present. Some people find their symptoms are made worse by milk, alcohol, hot spices, or fiber. Sores in the anal area occur. Sterile pyuria is not seen in patients with Crohn's disease. Fistulas may form between the urinary structures and bowel, but this would not be a sterile pyuria. Sterile pyuria may be seen in patients with pelvic tuberculosis.

3. *d*

   The treatment of vulvar Crohn's disease varies from the usual gastrointestinal treatment regimen. Generally, metronidazole is used for initial treatment. Ciprofloxacin also may be used as a single drug. Metronidazole and ciprofloxacin may be combined for better response, if needed. For resistant disease, as well as for the treatment of open, draining fistulas, Infliximab (Remicade®) may be used. Infliximab is an anti-tumor necrosis factor (TNF), which is a protein produced by the immune system that may cause the inflammation associated with Crohn's disease.
   Steroids and the 5-ASA drugs are generally effective only for bowel disease rather than for perianal disease. Many patients with vulvar Crohn's disease do have bowel disease and require these drugs also. Immunosuppressants, such as 6-mercaptopurine, and a related drug, azathioprine, may also be required at times. Free radicals may contribute to the inflammation in Crohn's disease. The mineral zinc removes free radicals from the bloodstream. Studies are under way to determine whether zinc supplementation might reduce inflammation.

4. *c*

   Crohn's disease affects males and females equally, and it seems to run in some families. About 20% of people with Crohn's disease have a blood relative with some form of irritable bowel disease, most often a brother or sister and sometimes a parent or child. It is interesting to note that this patient's grandmother had irritable bowel disease.

5. *b*

   A rectovaginal fistula is seen with a silver wire probe going between the rectum and the vagina. Surgery is

required with failed medical therapy for Crohn's disease and when fistulas such as this occur. It is important to emphasize that Crohn's disease is chronic and often will reoccur after surgery.

6. *a*

Yes. There is an increased risk for cancer in patients with colon involvement of Crohn's disease (Crohn's colitis). There is a very small risk of small bowel adenocarcinoma in patients with ileal disease.

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Suggested Organizations and Web sites:

Crohn's & Colitis Foundation of America, Inc., National Headquarters, 386 Park Avenue South, 17th Floor, New York, NY 10016-8804
http://www.ccfa.org
http://www.gastro.org
http://www.asge.org
http://content.health.msn.com/content/dmk/dmk_article_5462267
http://www.healingwell.com/ibd/library/info1.htm#c6
http://www.virtualdrugstore.com/crohns/infliximab.html