

**C30**

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**Concordance of Inflammatory Bowel Disease and Hidradenitis Suppurativa**

Introduction: Inflammatory bowel disease (IBD) and Hidradenitis Suppurativa (HS) (1) are both genetically and phenotypically distinct autoimmune conditions that are associated with pyoderma gangrenosum (2). As the US prevalences of IBD and HS are 0.7% (3) and 0.7-1.2% (4) identifying four patients with coincident IBD and HS in our practice, suggests the possibility of overlapping pathogeneses.

Methods: To provide insight into potentially shared mechanisms between IBD and HS, a retrospective chart review of the four patients is summarized in the table.

Results: All four had Crohn disease. Maximum BMI, age and PCDAI at diagnosis were recorded. Both females required several steroid injections for HS and ultimately surgical sinus tract removal. Both diseases were most aggressive in the younger female. She required loop ileostomy and Seton placement for rectal stenosis/fistula, and widespread HS sinus tract removal.

Discussion: Two cases had a delay in diagnosis, despite typical clinical characteristics (F#:IBD; M#:HS). HS should be considered in an IBD patient with extremely high BMI and/or skin findings including recurrent abscesses, sinus tracts and comedones in intertriginous areas.

Our cohort suggests that TNF alpha participates in both diseases and that surgical removal of all sinus tracts in an anatomic area for HS may decrease the inflammatory burden and may increase the efficacy of anti-TNF agents.

Anecdotally, the ability of risankizumab to attenuate symptoms in the patient with the most aggressive form of both diseases suggests that IL-23 sensitive trafficking of TH17 cells could participate in the shared pathogenesis.