

Section of Dermatology

President Hugh Gordon MC FRCP

Meeting April 20 1961

Cases

Granuloma of the Groins and Perineum Secondary to Chronic Proctocolitis O L S SCOTT MRCP

A C, female, aged 72.

History: This woman has had multiple sinuses of the groin since 1953. She then had deep fissures in the genito-crural regions with sinuses which were believed to be associated with diverticulitis. She did not have ulcerative colitis. A biopsy taken at laparotomy showed non-specific granulation tissue. Colostomy was performed and she gradually improved until she reached the present stage, with fissures, sinuses and epithelial hyperplasia. Dr R E Bowers has drawn my attention to an article by Nevin (1961) on chronic granuloma, in which he particularly stresses Crohn's disease and ulcerative colitis as being the main causes of this condition. It seems to be very difficult to clear up. My patient has had this granulomatous tumour and some people seem to think it would be better to have it excised. I would prefer to leave it alone. This picture does arise in ulcerative colitis but is not stressed in the literature. I believe this patient is probably suffering from Crohn's disease.

REFERENCE Nevin R W (1961) *Proc. R. Soc. Med.* 54, 137

Dr R E Bowers: I have watched a similar patient since 1954. Two or three months ago a stricture was discovered 4 in. within the rectum and this had to be dilated.

Granuloma of the Groins and Perineum Secondary to Chronic Proctocolitis C J Hunter-Craig MB (for E J Moynahan FRCP)

E M, female, aged 72.

History: Admitted August 1960, complaining of 'cracking' around the genital area which had been present intermittently since 1952. The present episode started in September 1959, when she felt 'something coming down from the back passage'.
On examination: Rectal prolapse with deep fissuring round the anus, genital area and groins. Hb 57% (8.9 g%). Sigmoidoscopy showed a granular, pus-flecked mucosa, which bled easily.

Biopsy showed chronic pyogenic granulation only.

She was treated with tyrothricin lotion and hydrocortisone locally and ferrous sulphate and vitamin C by mouth. Her anaemia was corrected by blood transfusion. On this therapy she slowly improved and repeat sigmoidoscopy two months later showed a normal mucosa with no ulceration. She was discharged, but was readmitted in January 1961 as her condition had relapsed.

On examination at this time the fissures extended from the natal cleft posteriorly round into the groins anteriorly. They were surrounded by rolled, everted edges, and the possibility of a malignant change was considered. Biopsy, however, again showed only chronic pyogenic granulation tissue. Swabs from the lesions showed a mixed pathology, *B. proteus* and *Bact. coli* being the predominating organisms. No *Myco. tuberculosis* was found. Sigmoidoscopy to 16 cm showed a gross proctocolitis with an oedematous mucosa but no ulceration. Local therapy, as before, was tried, but with little improvement. The treatment was changed to Phenoxetol locally, with daily hydrocortisone retention enemata, which resulted in dramatic improvement.

June 1961: The fissures have lost their rolled, everted edges and the base is much more nearly flush with the skin surface; they have not yet begun to re-epithelialize.

The following cases were also shown:

Toxic Epidermal Necrolysis - Associated with Butazolidine Therapy Dr J Overton

Cutaneous Leishmaniasis Dr R D Sweet

Oral and Anal Ulceration Treated by Hypnosis

Dr B G Gradwell (for Dr J Franklin)

Three Cases treated by Hypnosis: (1) Keratoderma of Feet: Hyperkeratoses of Hands (2) Neurodermatitis of Feet (Two Cases) Dr M J Fenton

Spherocytosis and Chronic Leg Ulceration

Dr L Forman and Dr P R Montgomery

Elastoma Intrapapillare Perforans (Miescher)

Dr O L S Scott

Mixed Salivary-type Tumour of Skin with

Malignant Recurrence Dr D E Sharvill