Table 4

Extra-intestinal manifestations of IBD[13]

Extra-intestinal manifestation	Presentation/diagnosis	Additional comments
Musculoskeletal disease (seronegative spondyloarthropathy)	Inflammatory type arthritis typically affecting the spine, sacroiliac joint and peripheral joints	More common in patients with colonic disease
Osteoporosis	Consider bone density scan for any patient with IBD receiving prolonged courses of corticosteroids, presenting with a low trauma fracture, post-menopausal or hypogonadism	May be related to corticosteroid use, malabsorption, reduced physical activity, inflammatory bone resorption, low albumin
Erythema nodosum	Painful, palpable lumps found over the shins. Classically fade to a 'bruise'	Most common cutaneous lesion in IBD - prevalence 7.4%[15] More common in Crohn's disease (CD) than ulcerative colitis (UC) May precede diagnosis, therefore consider investigation for IBD if identified
Pyoderma gangrenosum	Rapidly enlarging, painful ulcer may develop in response to minor trauma	Prevalence 1-10% in UC; 0.5-20% in CD[16] May respond well to anti-TNF-α therapy
Aphthous stomatitis	Oral ulceration – often related to disease activity	Seen in both CD and UC. May respond to treatment of underlying disease activity or local steroids (lozenges or spray)
Primary sclerosing cholangitis (PSC)	Clinical picture and subsequent course is variable: from mild and stable to more severe progressive liver disease	75% of patients with PSC may have IBD, but only 5% of UC patients and 2% of CD patients will develop PSC Increased risk of cholangiocarcinoma and colorectal cancer
Ocular inflammation	**Episcleritis:** Acute redness in one or both eyes, irritation, and burning Tenderness to palpation is common Vision should not be affected Will likely relate to bowel disease activity **Scleritis:** More severe than episcleritis. May impair vision **Uveitis:** Eye pain, visual blurring, photophobia, and headaches. Signs include corneal clouding and conjunctival injection. Does not usually relate to bowel disease activity	**All eye disease:** More common in IBD with colonic or ileal involvement **Episcleritis:** Should respond to treatment of underlying bowel disease activity **Scleritis:** Requires high-dose oral steroids. Should be urgently referred for ophthalmological assessment if suspected **Uveitis:** More common where other extra-intestinal manifestations are present. Consider urgent ophthalmology referral for assessment. Topical and systemic steroids need to be given promptly to avoid visual loss