In fact, we could not ignore the fact that the most common occurrence of isotretinoin prescription is in young adulthood, which also corresponds to the peak age for IBD onset. Knowing that abnormalities may not appear until months to years after its discontinuation, the association with prior isotretinoin use can easily go unnoticed (2). So, besides a thorough history of IBD risk factors before isotretinoin prescription, gastroenterologists must be aware of this fact and ask for newly diagnosed patients with IBD about previous isotretinoin use.

It is conceivable that isotretinoin can act as a trigger for IBD in already predisposed individuals, or unmask symptoms in patients with preexisting subclinical disease (1, 2). While no well-documented relationship between acne and IBD exists, we might remember that other dermatologic lesions commonly included in the acne differential diagnosis may be associated with IBD, being described as extraintestinal manifestations, such as hidradenitis suppurativa (or acne inversa) (3). Thus, we might consider these dermatologic lesions as the first manifestation of IBD. In these circumstances, isotretinoin could be considered as neither acting as a trigger nor unmasking subclinical disease.

This discussion is supported by our own personal experience, in a case concerning a 19-yr-old female who had been on isotretinoin for genitofemoral acne inversa 20 mg/day for a year. There were no other gastrointestinal disorders on her previous medical and family history. One month before the end of treatment, she developed persistent aqueous diarrhea and progressive weight loss. Five months later, colonoscopy revealed an afofloid ileocolitis and pathological examination was compatible with Crohn’s disease. There was a significant clinical improvement after starting oral mesalazine 3 g/day.

The relationship between isotretinoin and the emergence of Crohn’s disease in this particular case, with no other risk factors for IBD, is clear. However, could we assume that acne inversa was not the first manifestation or a predisposing sign for Crohn’s disease?

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REFERENCES

Isotretinoin and Inflammatory Bowel Disease

TO THE EDITOR: We read with great interest the recent review published in your Journal by Reddy et al., which suggests a possible association between isotretinoin use and inflammatory bowel disease (IBD) (1). Although IBD is described as a possible adverse drug reaction in the product information, little attention has been given in the literature to this association.

REFERENCES