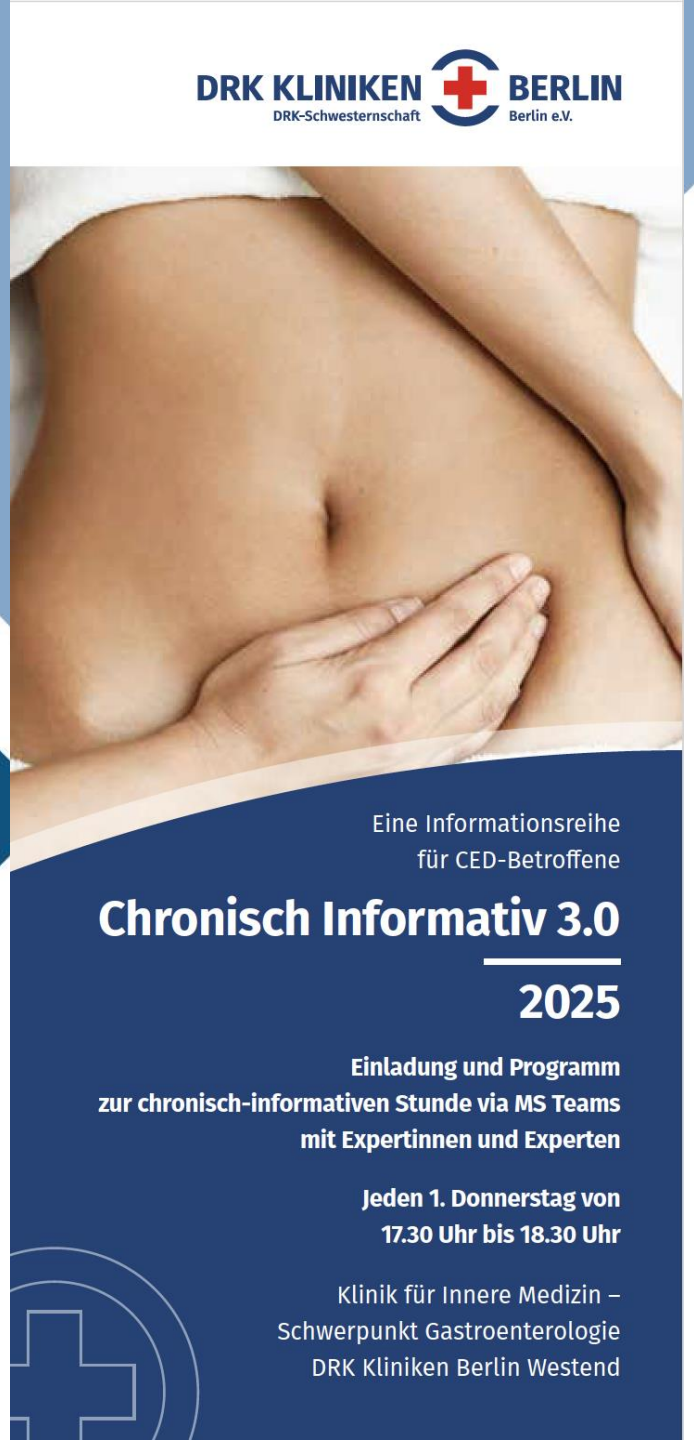

UNIVERSITÄTSKLINIKUM AUGSBURG

Gelenkbeschwerden und andere extraintestinale Manifestationen

Prof. Dr. Elisabeth Schnoy

03.07.2025

Interessenskonflikte

Beratertätigkeit, Referentenhonorare/klinische Studien: Janssen-Cilag GmbH/Johnson & Johnson, Pharmacosmos GmbH, Takeda Pharma GmbH, AbbVie Deutschland, Servier, Pfizer GmbH, Tillotts Pharma GmbH, AstraZeneca, Galapagos Biopharma/Alfasigma, Lilly GmbH, Celltrion, DGVS, Dr. Falk Pharma GmbH, BMS GmbH, Kompetenznetz Darmerkrankungen, Ferring, Stada

Morbus Crohn und Colitis ulcerosa

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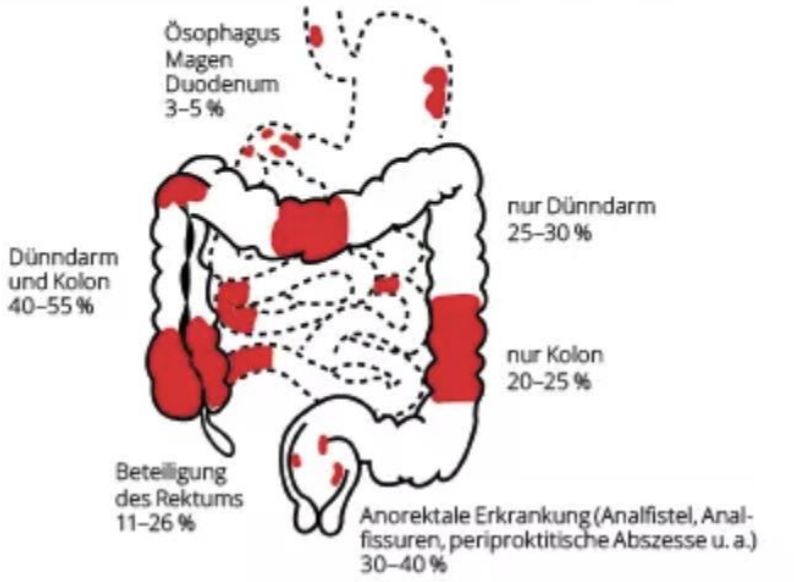
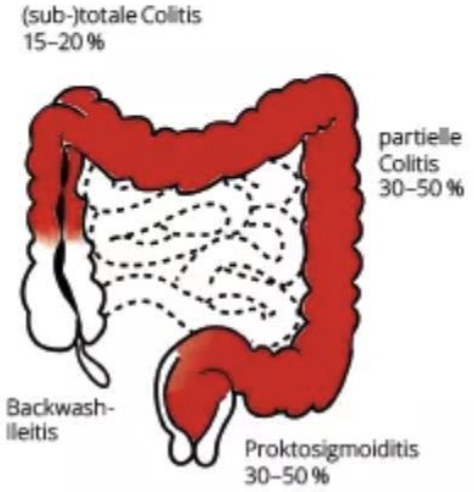
Chronisch entzündliche Darmerkrankung (CED)

	Morbus Crohn	Colitis ulcerosa
Bevorzugter Befall	Terminales Ileum (bis 80 %)	Rektum (~ 100 %)
Befallsmuster	Diskontinuierlich, gesamter GI-Trakt	Kontinuierlich, Kolon





Extraintestinale Manifestationen (EIM)

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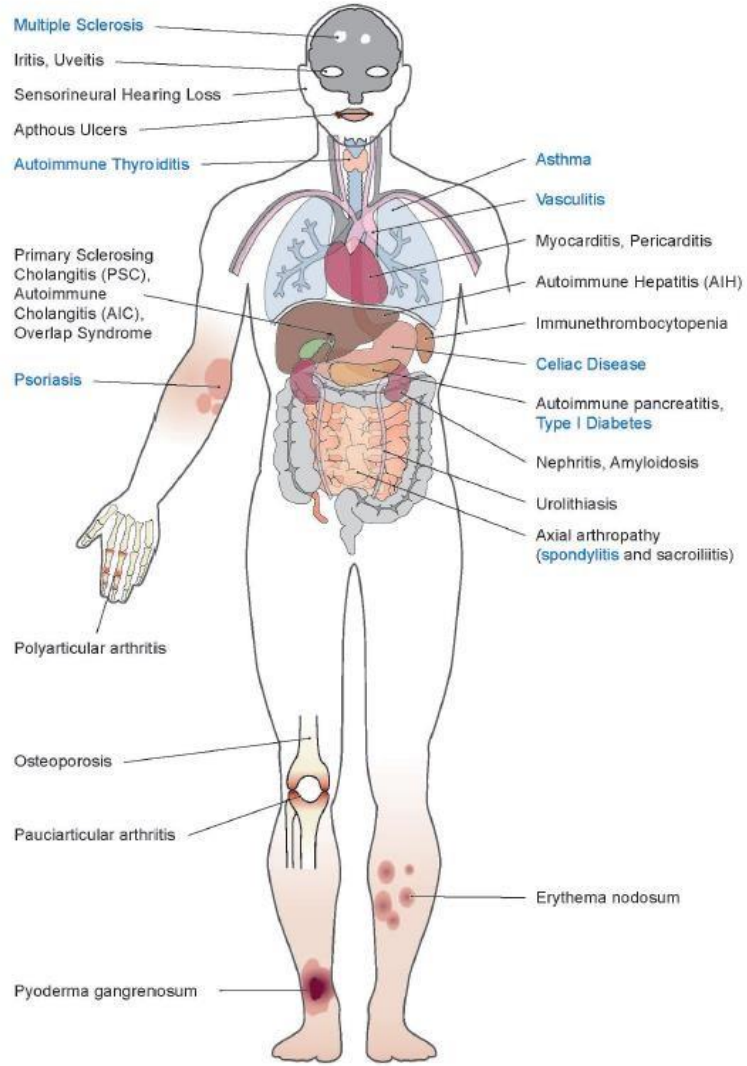
extra → **außerhalb**

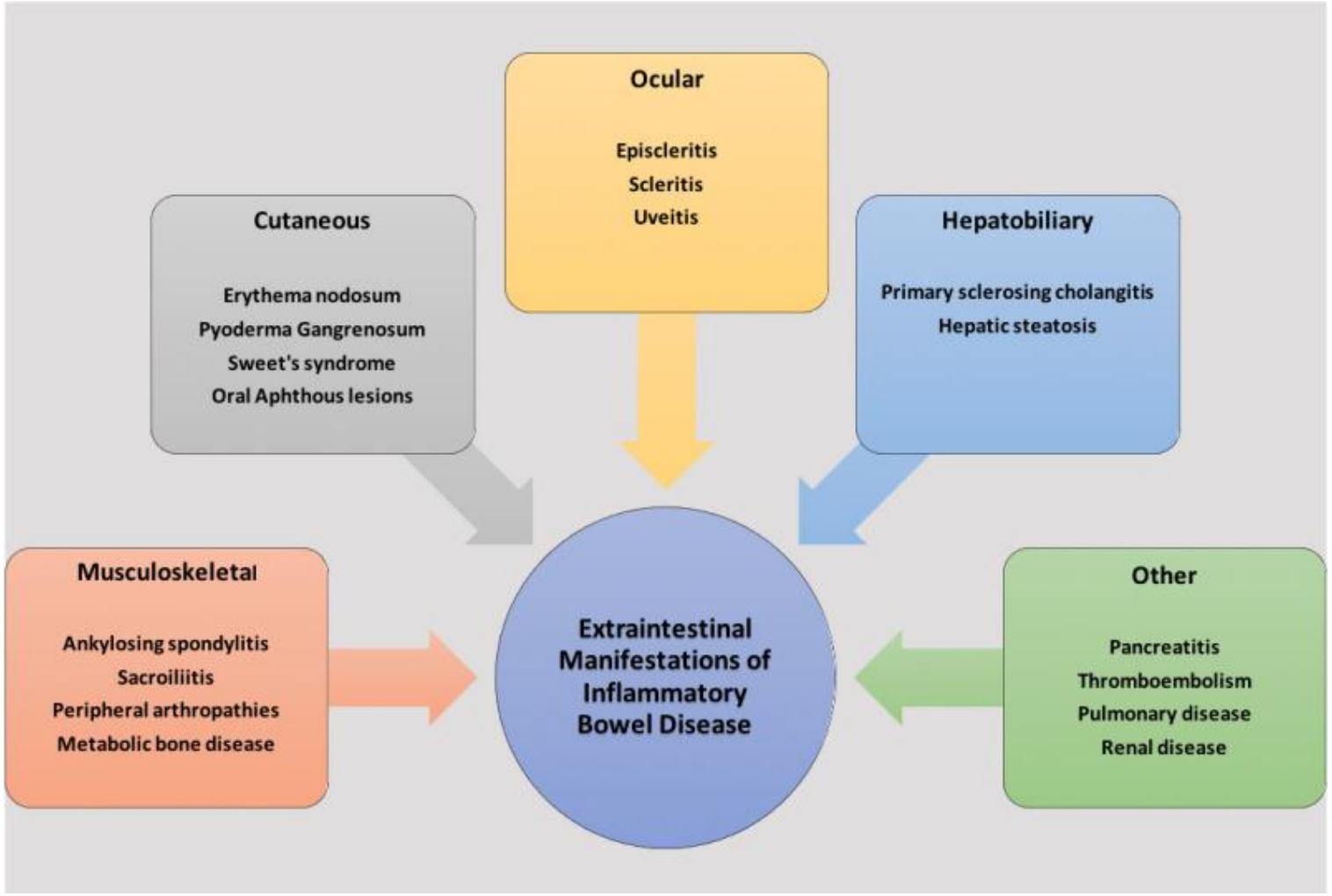
intestinal → **des Darmes**

CED ist eine Systemerkrankung



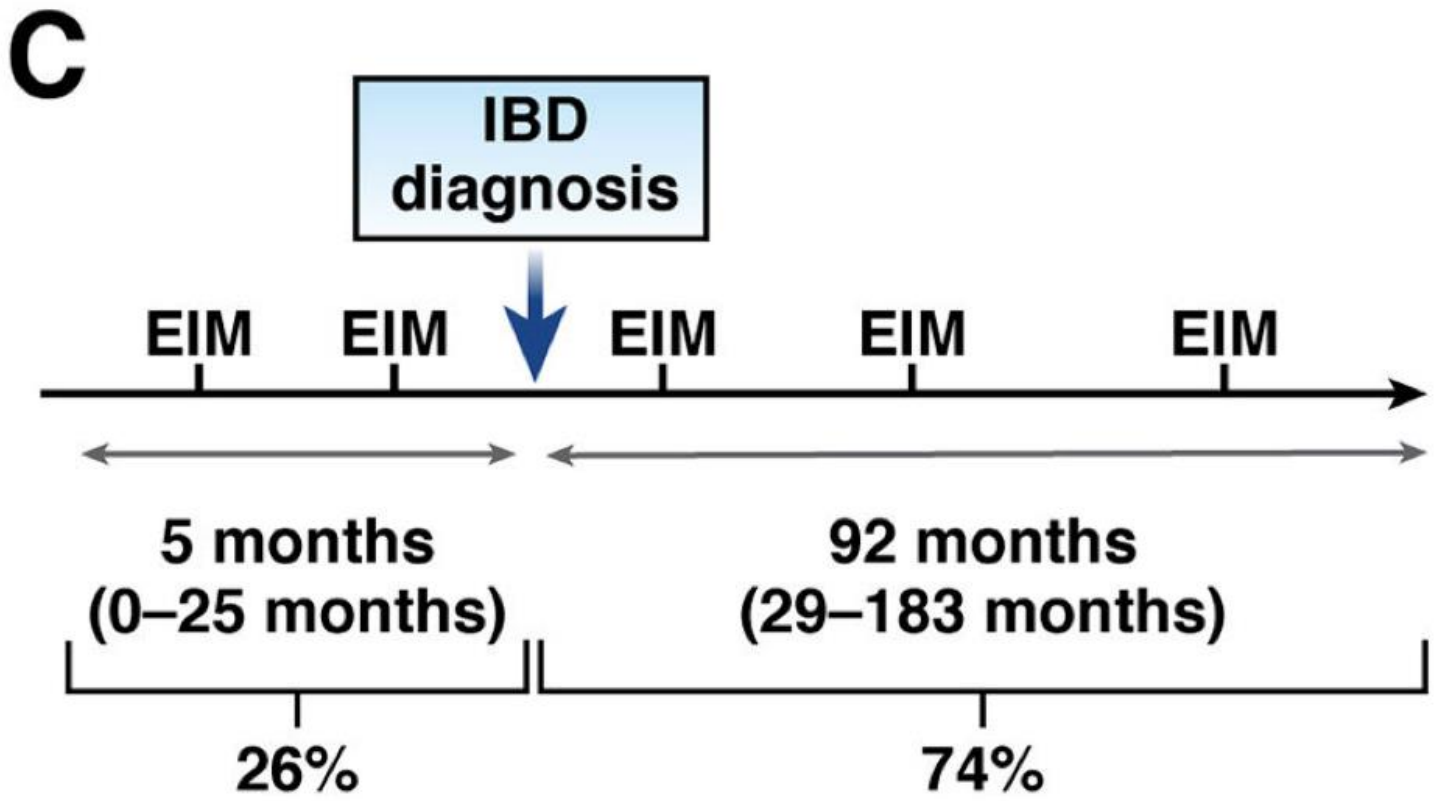
Lancet. 2012 Nov 3;380(9853):1590-605. doi: 10.1016/S0140-6736(12)60026-9.

CED ist eine Systemerkrankung



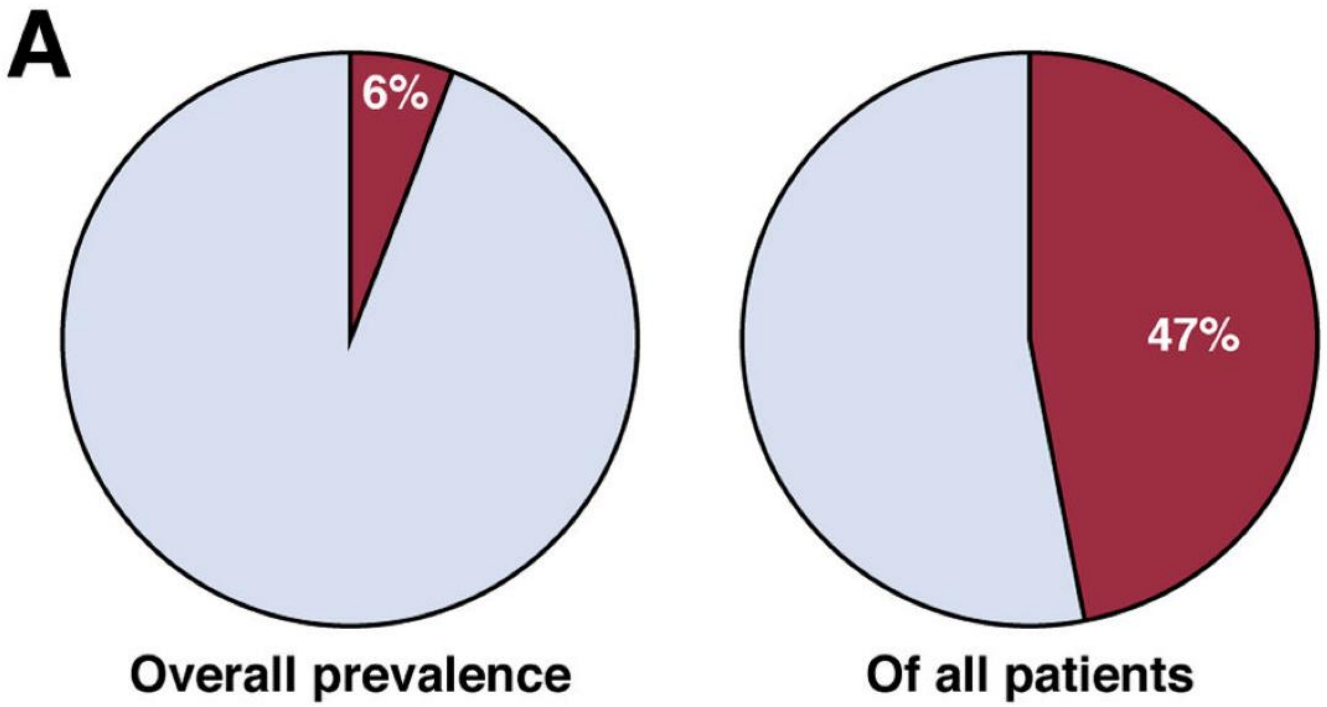
StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. 2023 Mar 6.

Wann treten extraintestinale Manifestationen auf?



Gastroenterology. 2021 Aug 3;161(4):1118–1132.

Häufigkeit von extraintestinalen Manifestationen



Gastroenterology. 2021 Aug 3;161(4):1118–1132.

Häufigkeit von extraintestinalen Manifestationen

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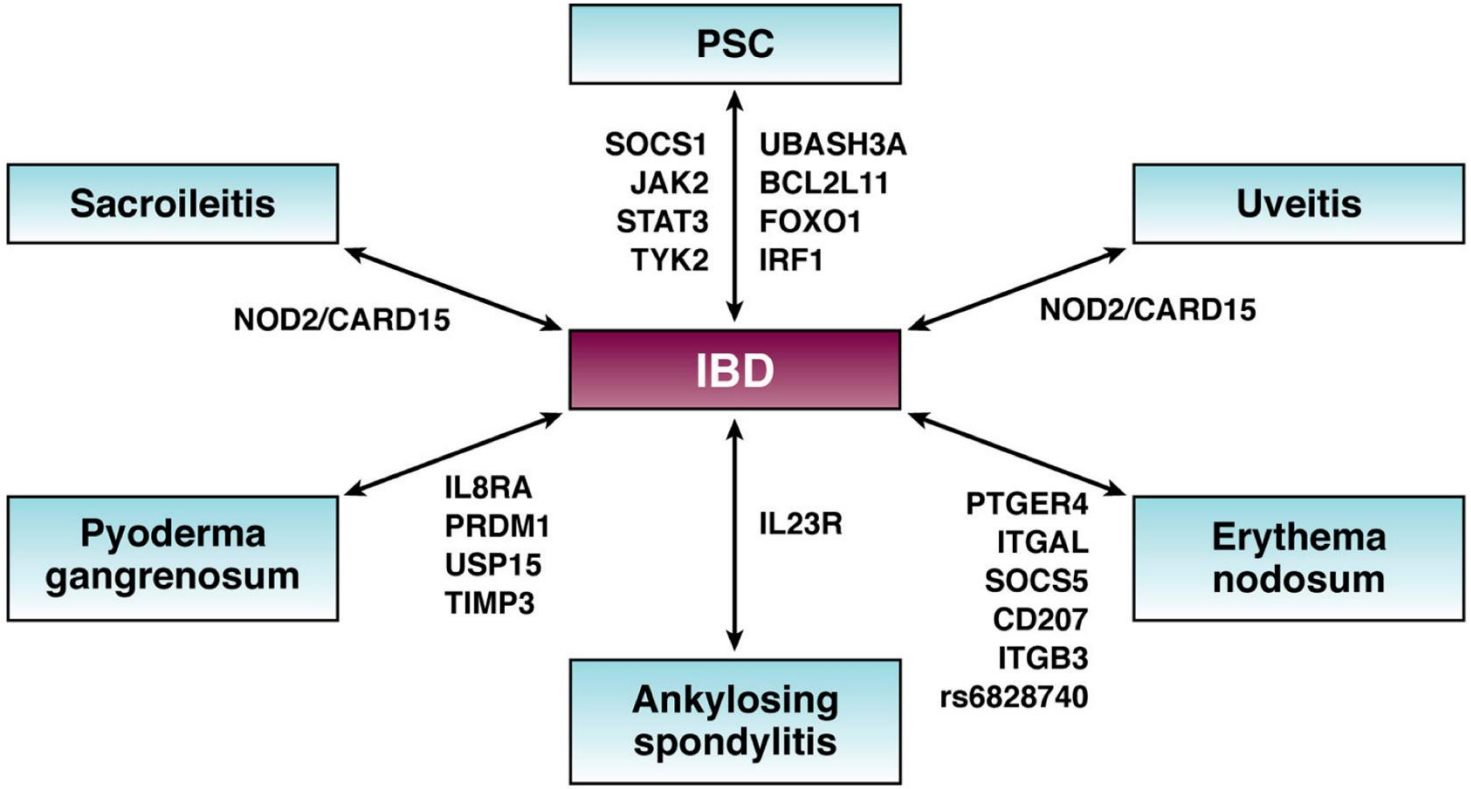
Extra-Intestinal Manifestations of Inflammatory Bowel Diseases

Organ System	Manifestations	
Gastrointestinal	Primary sclerosing cholang Autoimmune pancreatitis Autoimmune hepatitis	UC: up to 5%; CD: rare rare rare (< 1%)
Mucocutaneous	Erythema nodosum Pyoderma gangrenosum Oral aphthous ulcers Sweet's syndrome Orofacial granulomatosis	5–15% in CD; 2–10% in UC 0.4 – 2.6% in IBD 5–50% in CD rare rare
Musculoskeletal	IBD-related arthritis peripheral arthritis axial arthritis enthesitis	CD: 10–20% ; UC: 4–14% Up to 50% in CD (asymptomatic
Ocular	Episcleritis and scleritis Anterior Uveitis	Scleritis: up to 1%; CD 5–12%; UC 3.5–4.1%
Pulmonary	Pneumonitis	rare
Vascular	Cardiovascular disease Thromboembolism Portal vein thrombosis	n.a. 3–4 fold increase rare

Gastroenterology. 2021 Aug 3;161(4):1118–1132

Ursachen für EIM: Genetisches Risiko



Gastroenterology. 2021 Aug 3;161(4):1118–1132.

EIM bei aktiver und inaktiver Erkrankung

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Morbus Crohn

Table 2. EIM in CD patients in relation to disease activity

	Inactive CD	Active CD	*P* value
Activity: frequency	498 (85.9%)	82 (14.1%)	<0.001
EIM frequency	201/498 (40.4%)	48/82 (58.5%)	0.003
EIM type and frequency			
Arthritis	156/498 (31.3%)	37/82 (45.1%)	0.016
Uveitis	26/498 (5.2%)	10/82 (12.2%)	0.024
Pyoderma gangrenosum	7/498 (1.4%)	2/82 (2.4%)	0.371
Erythema nodosum	34/498 (6.8%)	2/82 (2.4%)	0.212
Aphthous stomatitis	43/498 (8.6%)	14/82 (17.1%)	0.026
Ankylosing spondylitis	27/498 (5.4%)	6/82 (7.3%)	0.446
Primary scleros. cholangitis	2/498 (0.4%)	2/82 (2.4%)	0.098
Psoriasis	11/498 (2.2%)	0/82	0.378

CD, Crohn's disease; CDAI, Crohn's disease activity index; EIM, extraintestinal manifestation.
Active disease was defined as CDAI≥150.

Colitis ulcerosa

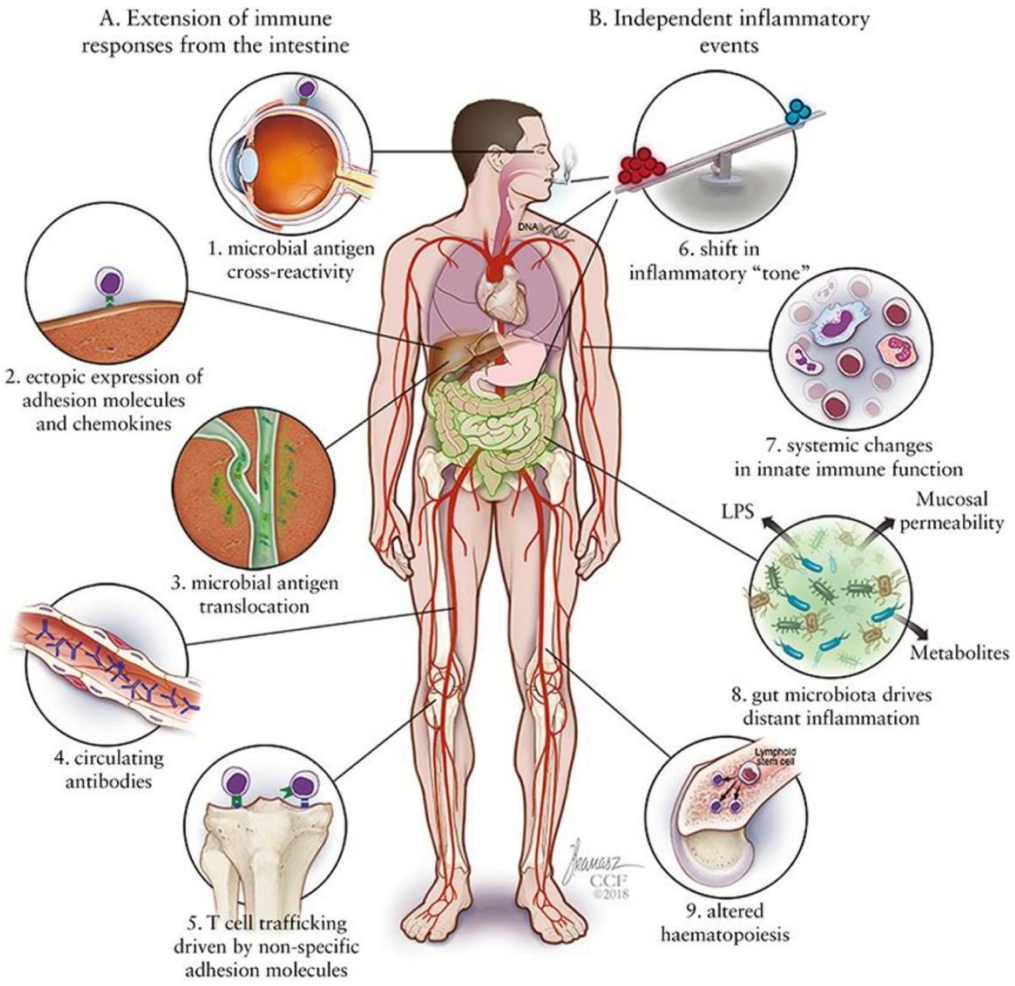
Table 3. EIM in UC patients in relation to disease activity

	Inactive UC	Active UC	*P* value
Activity: frequency	201 (54.3%)	169 (45.7%)	0.107
EIM frequency	53/201 (26.4%)	60/169 (35.5%)	0.070
EIM type and frequency			
Arthritis	42/201 (20.9%)	37/169 (21.9%)	0.899
Uveitis	7/201 (3.5%)	7/169 (4.1%)	0.789
Pyoderma gangrenosum	3/201 (1.5%)	5/169 (3%)	0.477
Erythema nodosum	4/201 (2%)	8/169 (4.7%)	0.153
Aphthous stomatitis	6/201 (3%)	7/169 (4.1%)	0.582
Ankylosing spondylitis	3/201 (1.5%)	3/169 (1.8%)	1
Primary scleros. cholangitis	6/201 (3%)	7/169 (4.1%)	0.582
Psoriasis	0/201	3/169 (1.8%)	0.094

EIM, extraintestinal manifestation; MTWSI, modified Truelove-Witts Severity Index; UC, ulcerative colitis.
Active disease was defined as MTWSI≥10.

American Journal of Gastroenterology 106(1):p 110-119, January 2011.

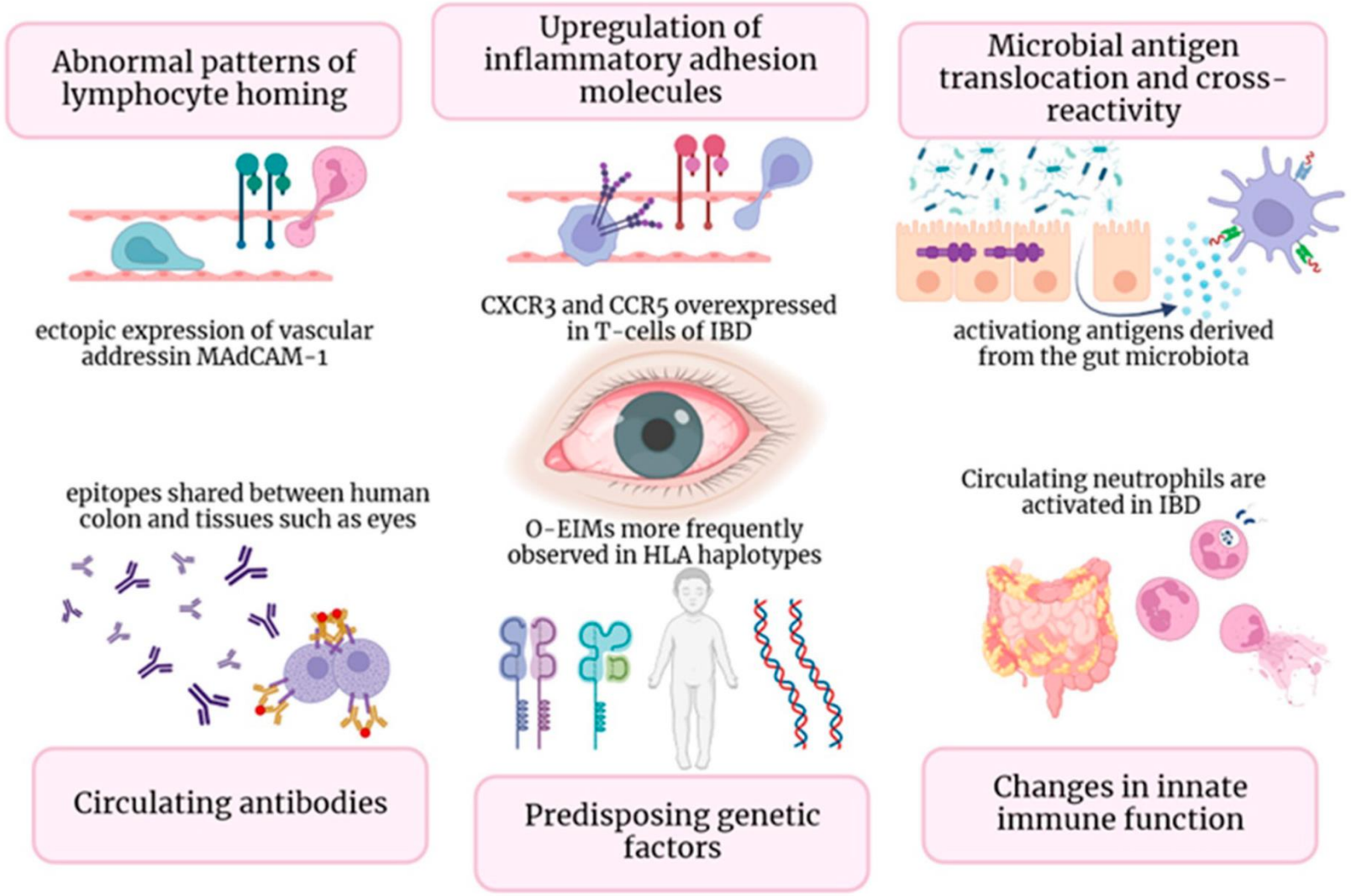
Ursachen für eine extraintestinale Manifestation bei CED



Engineered Regeneration Volume 4, Issue 4, December 2023, Pages 337-348

EIM: AUGE

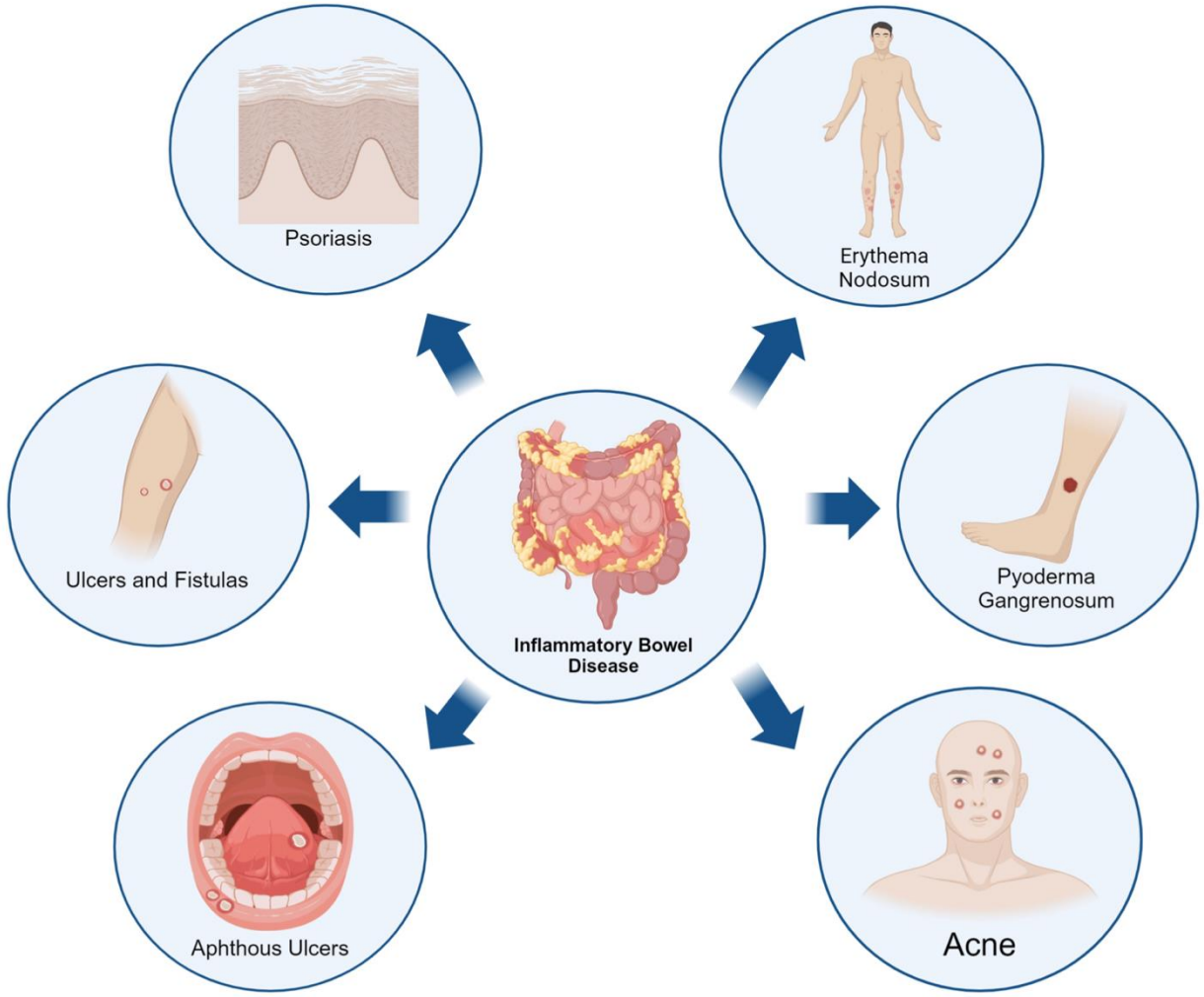
Ursachen für eine extraintestinale Manifestation bei CED: Beispiel Auge



Cells 2024, 13(2), 142; https://doi.org/10.3390/cells13020142

EIM: HAUT

Hautmanifestationen bei CED



Cureus. 2024 Oct 12;16(10):e71313. doi: 10.7759/cureus.71313.

Hautmanifestationen bei CED

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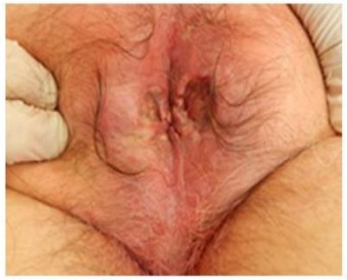
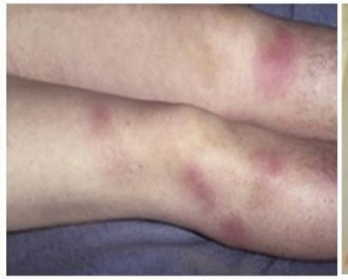
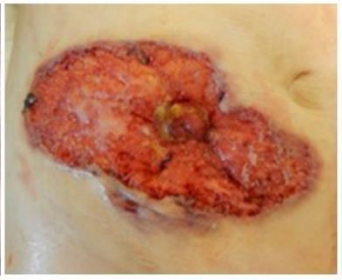
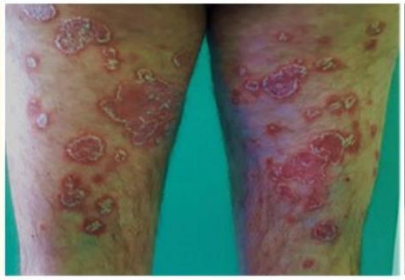
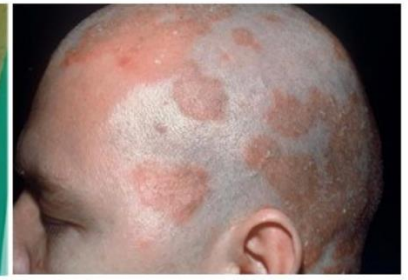
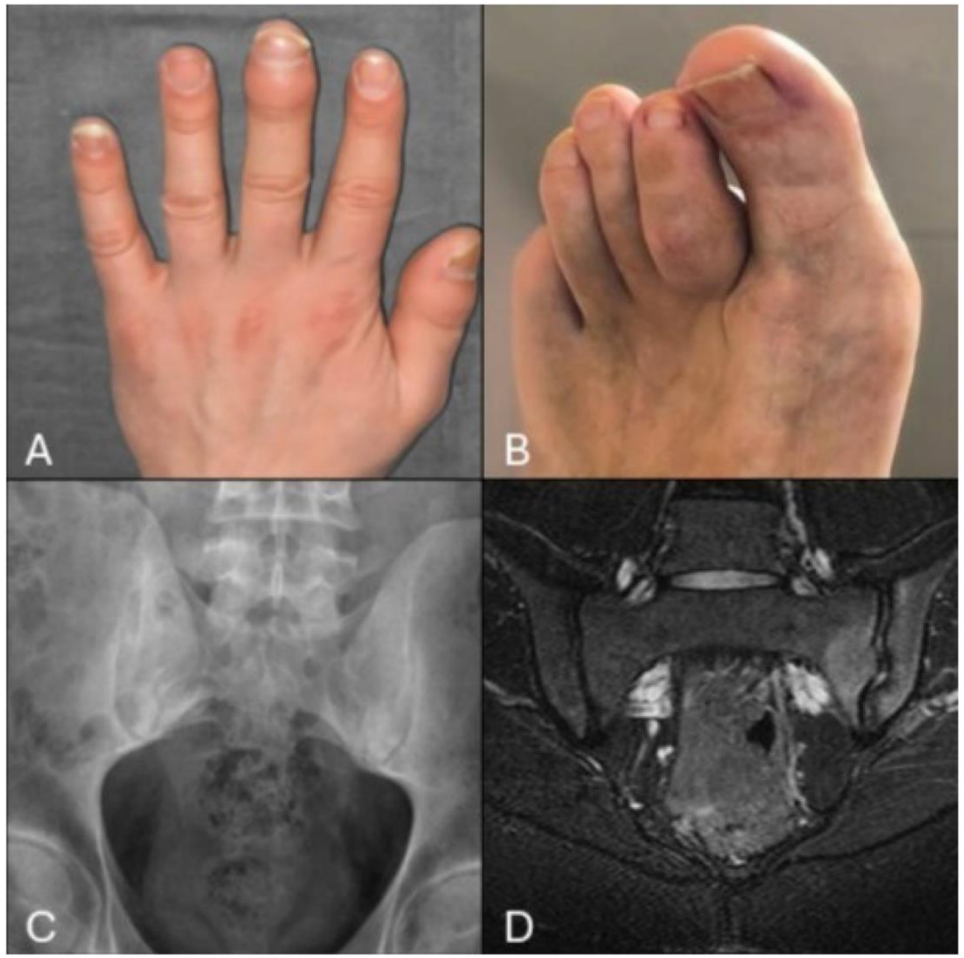
Specific manifestations	Disorders associated with inflammatory bowel disorders	Reactive manifestations	Muco-cutaneous conditions secondary to treatment of inflammatory bowel disorders	Cutaneous manifestations secondary to nutritional malabsorption
Continuous/contiguous Crohn's disease Metastatic Crohn's disease	Aphthous stomatitis Erythema nodosum Psoriasis Epidermolysis bullosa acquisita	Pyoderma gangrenosum Sweet's syndrome Bowel-associated dermatosis-arthritis syndrome Aseptic abscess ulcers Pyodermatitis-pyostomatitis vegetans SAPHO syndrome PAPA syndrome	Adverse muco-cutaneous reactions (injection site reactions, infusion reactions, paradoxical reactions, eczematiform and psoriasiform reaction, life-threatening disorders) Cutaneous infections Cutaneous malignancies	Stomatitis Glossitis Angular cheilitis Pellagra Scurvy Purpura Acrodermatitis enteropathica Phrynoderma Seborrheic-type dermatitis Hair and nail abnormalities
				

J Clin Med. 2021 Jan 19;10(2):364. doi: 10.3390/jcm10020364.

EIM: GELENKE

Referenz!

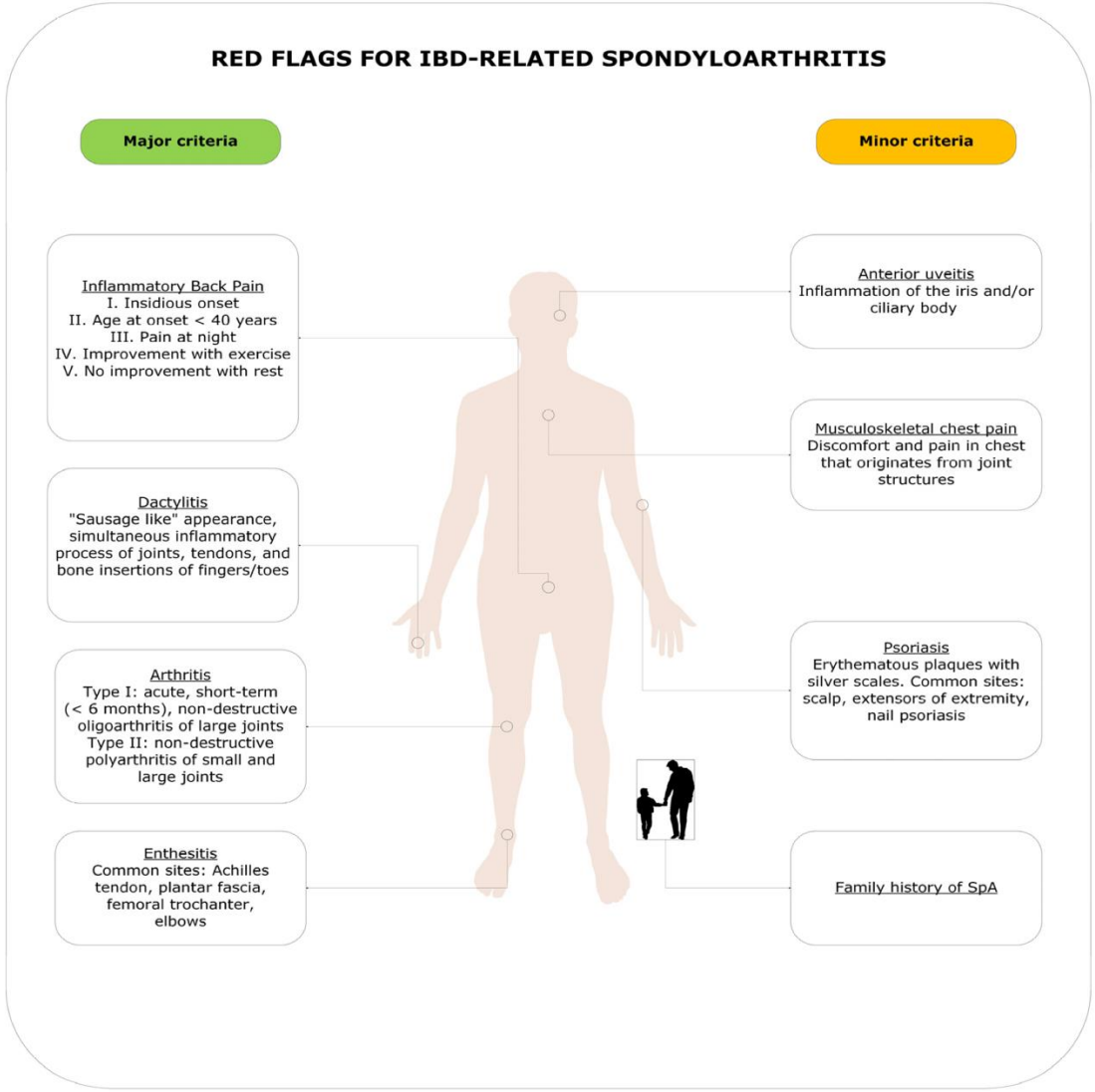
Gelenkbeschwerden bei CED



J Clin Med. 2025 Feb 26;14(5):1558. doi: 10.3390/jcm14051558.

Gelenkbeschwerden bei CED

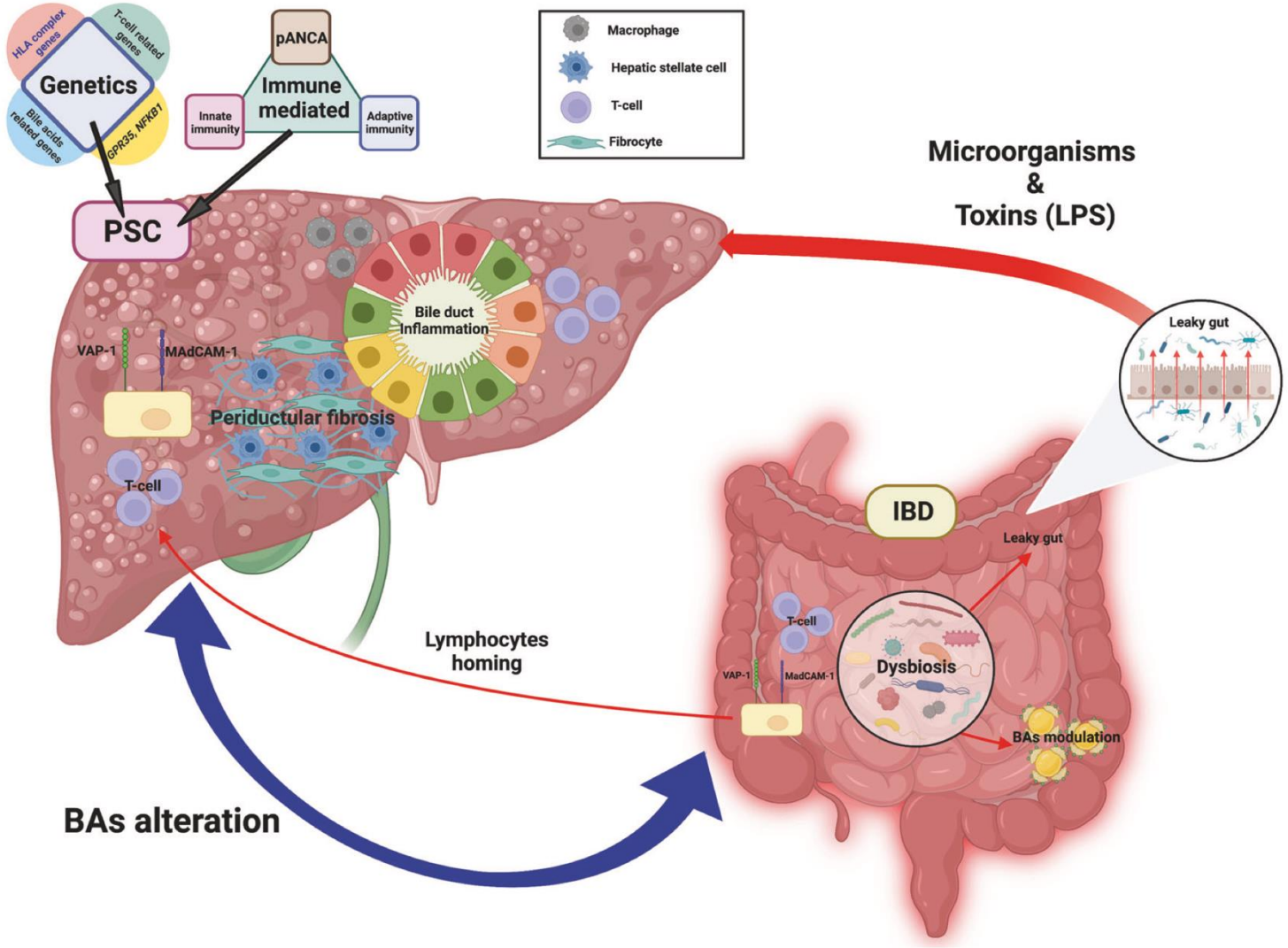
„red flags“



J Clin Med. 2025 Feb 26;14(5):1558. doi: 10.3390/jcm14051558.

EIM: PSC

Primär sklerosierende Cholangitis bei CED



Exp Mol Med. 2023 Jul;55(7):1380-1387. doi: 10.1038/s12276-023-01042-9.

Anti-TNF
if non-responder, consider
Anti-IL23/JAKi

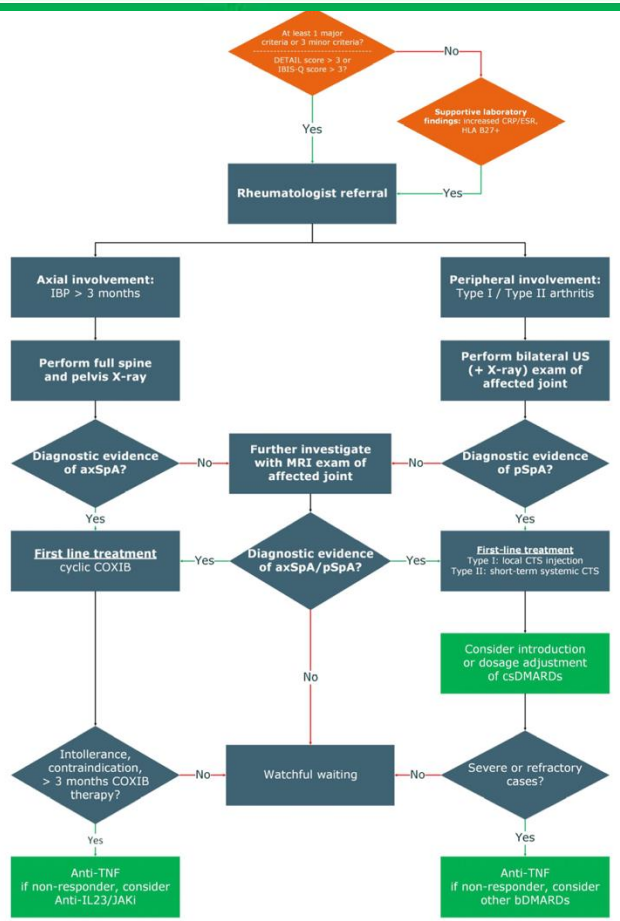


Table 7. Management of axial and non-axial spondyloarthropathy in IBD [adapted from Greuter *et al*[338]

	Agent	Axial spondyloarthropathy	Non-axial spondyloarthropathy
	Sulfasalazine		
	Methotrexate		
TNF-antagonist[a]			
JAK inhibitor			
Anti-integrin	Vedolizumab		
Anti-IL-12/23	Ustekinumab		
S1P-R modulator	Ozanimod		

J Clin Med. 2025 Feb 26;14(5):1558. doi: 10.3390/jcm14051558.
Journal of Crohn's and Colitis, Volume 18, Issue 1, January 2024, Pages 1–37

Therapie extraintestinaler Manifestationen

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Rheumatological EIMs

10 systematic reviews

- Anti-TNF therapies had high response rates for axial (59%-62%) and peripheral arthropathy (73%-81%).
- Vedolizumab demonstrated the least improvement across most joint manifestations, while ustekinumab proved effective for treating arthralgia and psoriatic arthritis.
- Data for other advanced therapies remain limited.

Dermatological EIMs

11 systematic reviews

- Psoriasis responded well to ustekinumab (82%), while methotrexate showed limited effect (14%).
- Anti-TNF agents were most effective for erythema nodosum (80-100%), followed by ustekinumab and vedolizumab.
- In pyoderma gangrenosum, response rates varied widely across therapies.
- Sweet's syndrome was mainly treated with corticosteroids.
- Cutaneous vulvar Crohn's disease had poor treatment outcomes, with metronidazole showing 23% healing. Tofacitinib showed potential in alopecia and atopic dermatitis, yet limited data is available.

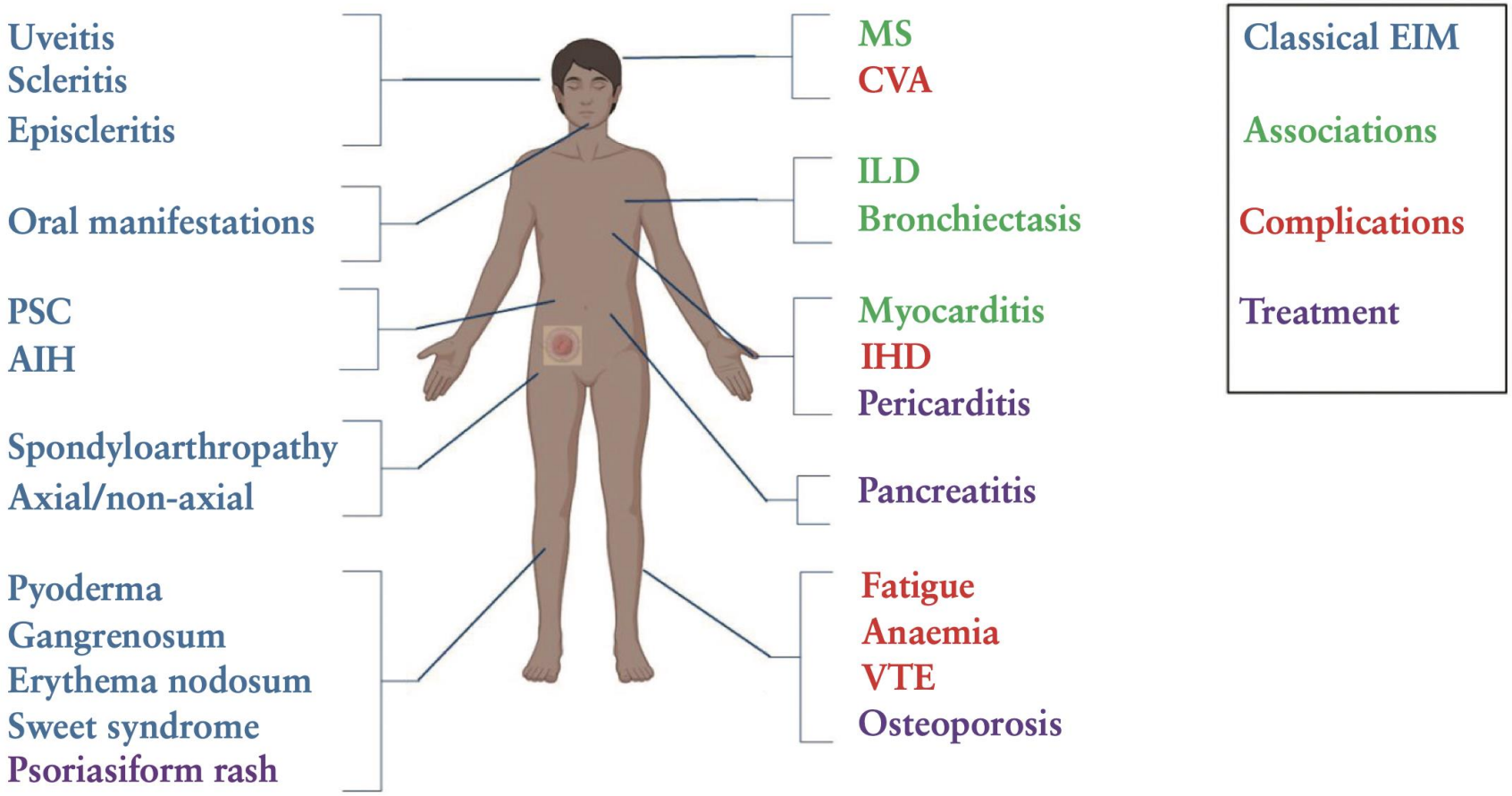
Ocular EIMs

6 systematic reviews

- Ustekinumab improved pre-existing uveitis in 55-59% of cases; vedolizumab had inconsistent results.
- Incidence of new uveitis cases post-treatment was 1% for both vedolizumab and ustekinumab.
- Anti-TNF agents were effective across multiple ocular EIMs, with no clear difference between them.
- No SRs assessed IL-23 inhibitors or oral small molecules for ocular EIMs.

Aliment Pharmacol Ther
. 2025 Jun;61(12):1854-1871.
doi: 10.1111/apt.70181.

EIM bei CED



Journal of Crohn's and Colitis, Volume 18, Issue 1, January 2024, Pages 1–37

Extraintestinale Manifestationen – ein interdisziplinäre Herausforderung

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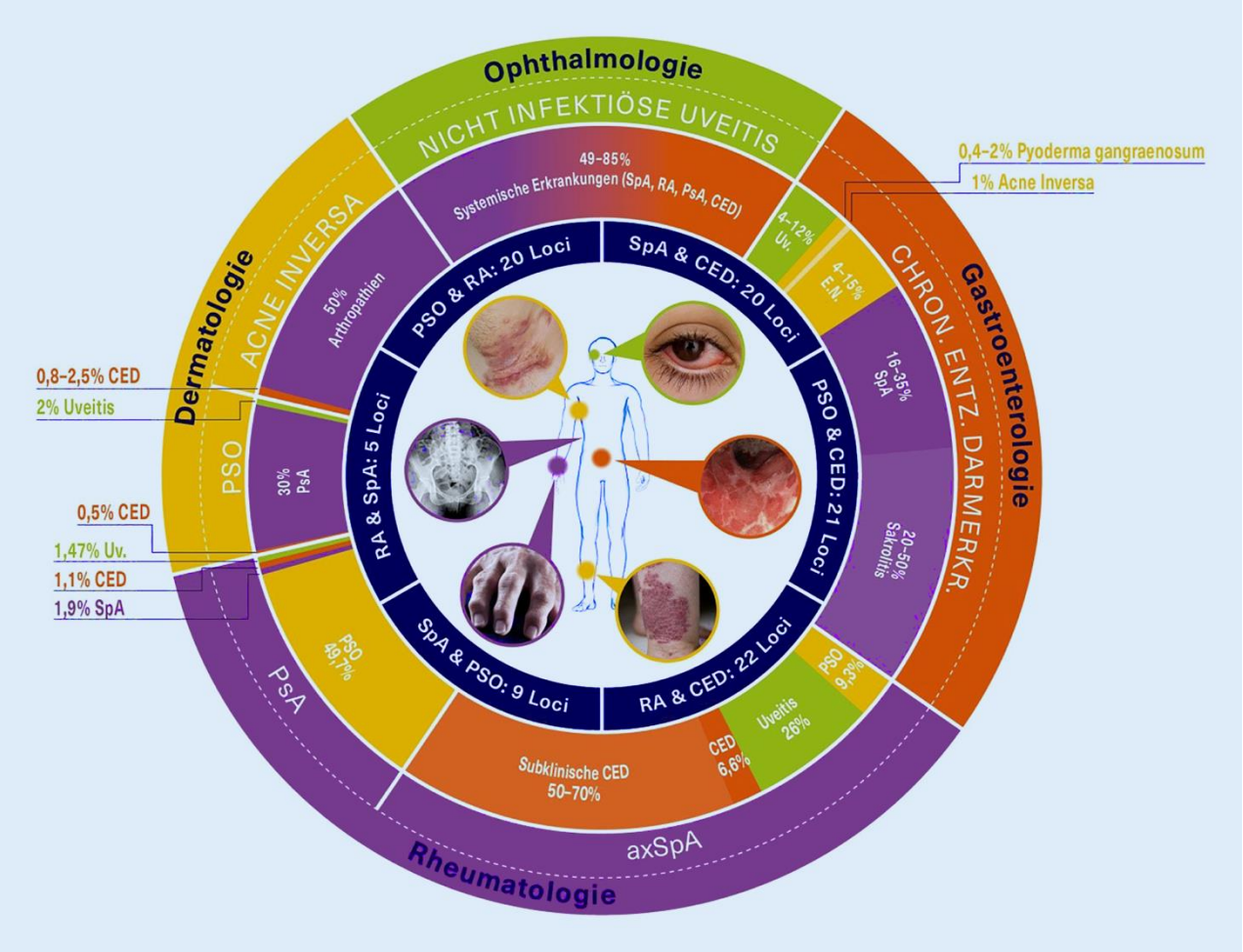

J. Gastroenterol. Hepatol. Erkr. 17, 108–124 (2019). https://doi.org/10.1007/s41971-019-00063-4

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Vielen Dank

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