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References

Nodular necrobiosis in association with ulcerative colitis

Sir,—In 1982 we reported in this journal a cutaneous manifestation of Crohn’s disease which we called nodular necrobiosis.1 We have now observed an identical lesion in ulcerative colitis.

The patient, a woman aged 53 years, presented with a six month history of diarrhoea and rectal bleeding. Investigation, including colonoscopy, confirmed a diagnosis of ulcerative colitis extending to the mid-descending colon. There were no extra intestinal manifestations of inflammatory bowel disease but after three months she developed a solitary painful lump on the left leg. This gradually became less tender but did not alter in size or colour. On examination there was a 5 cm, purple lesion on the left lower leg which bore a close resemblance to nodular necrobiosis. Biopsy confirmed this diagnosis. The lesion has persisted despite her colitis responding well to therapy with steroid enemas and sulphasalazine.

We therefore conclude that nodular necrobiosis can occur in both Crohn’s disease and ulcerative colitis.

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References

European survey of fertility

Sir,—The authors of the study concerning fertility and pregnancy in women with Crohn’s disease4 should have confimed their investigation to the 182 matched pairs who were actually married at the time of the study. Unmarried women in general unequivocally tend to avoid conception. We miss detailed gynaecological data on whether other reasons for infertility have been excluded. The intention to become pregnant, or not, should have been taken into account. Forty patients were advised by their doctor not to conceive; 42 others deliberately refrained from becoming pregnant because of Crohn’s disease. Furthermore one should