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CONSERVATIVE APPROACH TO PYODERMA GANGRENOSUM

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Introduction

Pyoderma gangrenosum is an uncommon, ulcerative cutaneous condition of uncertain etiology. It is associated with systemic diseases in at least 50% of patients who are affected [1,2] Approximately 30% of the cases of pyoderma gangrenosum develop in patients with inflammatory bowel disease [3].

Case Report

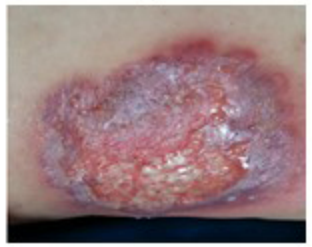
A 46 year old Malay woman with ulcerative colitis 8 years ago, presented with a painful ulcer over her right lateral thigh which was increasing in size in the last 2 weeks despite 2 courses of antibiotics. The ulcer started off as a papule and subsequently developed into an ulcer measuring 8 x 10cm. She had no altered bowel habit or any other extra intestinal manifestations of Ulcerative Colitis for the last 6 months. Histology showed moderate to marked dermal neutrophilic and histiocytic infiltrates consistent with Pyoderma Gangrenosum. Culture and sensitivity of the wound grew Pseudomonas Aeruginosa Group 1 Beta lactamase. She was started on high dose steroids and modern dressings which decrease friction. The wound healed uneventfully after 4 months of outpatient dressing.

Discussions

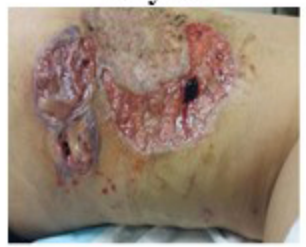
Pyoderma gangrenosum usually starts as a small papule which breaks down and forms an ulcer with a 'cat paw' appearance. Classically, it will present as a deep ulcer with a well defined border, commonly violet or blue in colour. The ulcer edge is often worn and the surrounding skin is erythematous and indurated. Ulcers exhibit 'Pathergy'- lesions develop at the site of minor trauma, so surgery or debridement is contraindicated [4].

Results

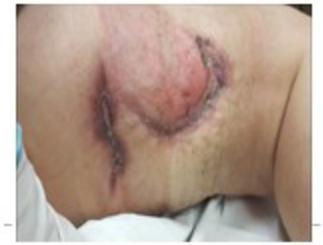
Day 1



Day 39



Day 133



Only 3 cases of Pyoderma Gangrenosum has been reported in Malaysia from 1979 to 2014 [5]. These ulcers exhibit pathergy which means with trauma, the wound will worsen or develop new wounds. Treatment should involve treatment of infection with antibiotics and immunosuppression therapy. For early disease, topical steroids or tacrolimus can be used. For aggressive disease, oral prednisolone 0.5-1mg/kg per day tapered over 3 months is firstline treatment. Cyclosporin and Azothioprine are reserved for second and thirdline therapies. Dressing with Dialkyl Carbamoyl Chloride impregnated acetate fabric (Cutimed™) was done gently and in low frequency. Patient healed well after 4 months of outpatient treatment.

Conclusion

A multidiciplinary approach is key to a successful treatment of Pyoderma Gangrenosum. Treatment involves appropriate immunosuppressants and control of infection. Meticulously applied dressings that inflict minimal trauma and friction is important to prevent pathergy.

References

[1] DeFilippis EM, Feldman SR, Huang WW. The Genetics of Pyoderma Gangrenosum and Implications for Treatment: A Systematic Review. *Br J Dermatol*. 2014 Oct 28. [Medline].

[2] González-Moreno J, Ruiz-Ruigomez M, Callejas Rubio J, Rios Fernández R, Ortego Centeno N. Pyoderma gangrenosum and systemic lupus erythematosus: a report of five cases and review of the literature. *Lupus*. 2014 Sep 8. [Medline].

[3] Jae In Lee, Hyun Jeong Park, Jun Young Lee, and Baik Kee Cho. A Case of Pyoderma Gangrenosum with Ulcerative Colitis Treated with Mesalazine. *Ann Dermatol*. 2010 Nov; 22(4): 422–425.

[4] Bennett ML, Jackson JM, Jorizzo JL, Fleischer AB Jr, White WL, Callen JP. Pyoderma gangrenosum. A comparison of typical and atypical forms with an emphasis on time to remission. Case review of 86 patients from 2 institutions. Medicine (Baltimore) 2000;79: 37-46. [PubMed]

[5] Sarry AD, and Vora DS. Pyoderma Gangrenosum. A Systemic Review Of The Incidence And Prevalence. Journal Of Clinical Studies Volume 7 Issue . 90