Case, Rated PG: Rapidly Progressive Ulcers
Madina Mohammadi, MD and Zachary Holt, MD
University of California, Davis Medical Center, Sacramento, CA

INTRODUCTION

- Pyoderma Gangrenosum (PG) is a rare, ulcerative skin disease commonly seen in middle age adults with certain underlying systemic diseases.
- We present a case of Ulcerative Pyoderma Gangrenosum that developed after trauma to the skin.

CLINICAL CASE

06/08/2012: Mr. B is a 55 year old man with Rheumatoid Arthritis on methotrexate who presented with one year history of intermittent “itchy rash” on his arms and legs. He had multiple painful erythematous scabbed over papules on dorsum of hands, thighs and legs. Topical steroid was prescribed with no improvement.

06/21/2012: Mr. B returned with worsening rash after trauma to his leg while biking. The rash on leg was now 2cm x 4cm. Topical clindamycin was prescribed with no improvement.

07/21/2012: The lesion had developed into a 4cm x 4.5cm ulcer, which was malodorous with purulent drainage and bleeding. Biopsy and cultures were obtained.

Physical Exam
Ulcereated 4cm x 4.5cm lesion on right anterior LE and 3cm x 2.5cm on right posterior LE. The lesions were bloody, purulent and malodorous. The lesions on the dorsum of hands were hyperpigmented and scarred.

Laboratory Studies
Skin biopsy showed infiltration of neutrophils, necrosis and fibrosis. Bacterial and fungal cultures were negative.

Clinical Course
Mr. B was diagnosed with PG as diagnosis of exclusion. He was started on oral prednisone 20mg daily. In about 2 weeks the lesions started healing but resulted in extensive scarring.

DISCUSSION

- The two most recognized variants are Ulcerative PG (deep ulcers in the lower extremities) and Bullous PG (superficial ulcers of the face and arms). The other less common variants are Pustular and Vegetative.
- PG is characterized by neutrophil predominant infiltrates. There are no pathognomonic clinical or histological findings. It is a diagnosis of exclusion.
- More than 50% of patients have an underlying systemic disease such as inflammatory bowel disease, polyarthritis, hematologic diseases, psoriatic arthritis etc.
- PG is commonly mistaken for malignancy, infection, vasculitis and diabetic ulcers.
- Systemic and topical corticosteroids are the first line treatment. Other treatments include immunosuppressive agents such as cyclosporine, TNF inhibitors.
- Negative pressure wound care or gentle wound care is recommended.
- Patients with history of PG are at high risk of relapse after surgical procedures commonly around surgical sites.

CLINICAL PEARLS

- Recognizing the characteristic clinical features.
- Initiating early treatment to prevent rapid progression and extensive scarring.
- Looking for other systemic diseases such as ulcerative colitis, Crohn’s, hematologic diseases etc.
- Avoiding aggressive wound debridement which can worsen the lesions and cause scarring.
- Educating patients to avoid trauma to the skin.

REFERENCES

1. Clinical Pearls. Medscape.com
3. Marie Leger MD PhD, Pustular Pyoderma Gangrenosum. Dermatology online journal, 17(10) October 2011