SKIN MANIFESTATIONS OF INTERNAL DISEASE

A CASE OF PYODERMA GANGRENOSUM ASSOCIATED WITH CHRON DISEASE

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Background: Pyoderma gangrenosum is an ulcero-necrotising dermatosis that represents a challenge for any clinician,not only for its ability to mimic other dermatoses but also for its lack of response to treatment. Pioderma gangrenosum is a rare and severe neutrophilic dermatosis associated with inflammatory bowel disease and other systemic diseases, such as rheumatoid arthritis and hematological malignancies. Diagnosis is based on clinical criteria and exclusion of other skin disorders. There is no gold standard for the treatment of pyoderma gangrenosum; traditionally intravenous corticosteroids are used, but recently the use of drugs that inhibit tumor necrosis factor alpha (TNF-alpha) has changed the management of PG, showing great effectiveness. Although the etiology of PG is partially unknown, the skin damage does seem to be immune-mediated. The goal of treatment is the rapid resolution of the lesions, as they may result in severe skin deformities.

Observation: We present the case of a 23-year-old man with history of Crohn's disease complicated with ankylopoetic spondylitis, presented to our dermatology clinic for evaluation and management of rapidly expanding ulcers on the posterior face of left calf for about 2 months. He had Crohn's disease diagnosed approximately 4 years before presentation. Initial treatment for his Crohn's disease included oral prednison, which failed to adequately control his gastrointestinal symptoms. He had been using biological therapy with infliximab for the past year. Approximately 1 year after diagnosis of Crohn's disease, lower extremity ulcers developed that were clinically and histopathologically diagnosed as PG.

Key message: Although pyoderma gangrenosum is one of the most frequent extraintestinal manifestations of inflammatory bowel disease, it does not always resolve when a patient's IBD is in remission, suggesting that pyoderma gangrenosum may not be related to the activity of IBD.