SKIN MANIFESTATIONS OF INTERNAL DISEASE

A SIMULTANEOUS EVOLUTION OF SCALP MALIGNANT PYODERMA AND ULCERATIVE COLITIS BOTH SUCCESSEFULLY TREATED WITH ADALIMUMAB.

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Background: Malignant pyoderma is a rare destructive dermatosis considered to be a separate entity of pyoderma gangrenosum (PG) because of the predominant head and neck involvement, the absence of surrounding erythema and the aggressive course of the disease. We report a rare case of malignant pyoderma with ulcerative colitis (UC) both successfully responsive to Adalimumab.

Observation: an 18 year old man, with a 4 months history of ulcerative colitis (UC), was admitted for a cranial ulceration that had been evolving for 2 months, resistant to the usual antibiotic treatments, with abdominal pain, bloody diarrhea, and fever. The examination revealed an occipital ulceration (6cmx8cm), with purulent base, exposing the underlying structures. The skin biopsy showed a neutrophilic polynuclear dermal infiltrate with a granulomatous reaction compatible with PG. Recto-sigmoidoscopy was performed and revealed a macroscopic and histological appearance compatible with acute UC. Given this aspect and the absence of infectious causes, the diagnosis of PG was retained. The patient was already under corticosteroid (1mg/kg) per day with no improvement. We started the patient on Adalimumab (80mg) and tapered down the corticosteroids. A positive response of both, the PG and the UC flare-up to the Adalimumab was observed after 3 weeks and an almost complete healing of the ulcer was obtained in 7 months.

Key message: Scalp involvement in PG is very uncommon and is only reported in 5% of patients with inflammatory bowel disease (IBD). The simultaneous evolution of the pyoderma and the UC is found in 50% of the cases. Our case demonstrates the effectiveness of the Adalimumab and suggests that the management of this type of aggressive pyoderma is based on the control of the associated underlying IBD disease.