INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

A RECALCITRANT GIANT PYODERMA GANGRENOSUM: EFFICACY OF CICLOSPORIN AZATHIOPRINE COMBINATION.

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Background :Pyoderma gangrenosum (PG) is characterized by inflammatory and painful skin ulcers. The therapeutic management of this dermatosis remains unspecified. The general corticosteroid treatment is the first line treatment. Immunosuppressants are used in case of corticodependence. We report a case of PG treated effectively by both Ciclosporin-Azathioprine.

Observation : A 43-year-old female presented with ulceration of the gluteal region, of one month duration and which had started with an inflammatory nodule following intramuscular injection. Examination revealed a large ulceration of 20 cm surrounded by an inflammatory peripheral bead dug by under-mined hutches. An anatomopathological examination showed neutrophilic and ulcerative inflammatory infiltrate. The diagnosis of PG was therefore retained. A clinical, radiological, biological and colonoscopy assessment were without abnormalities. General corticosteroid therapy (1 mg/kg/day) associated with disulone (100 mg / day) was started without improvement. The suspicion of macrophage activation syndrome associated with PG prompted the initiation of three courses of veinoglobulin (1g/kg/day IV for 3 days) without clinical response. Only the introduction of cyclosporine at the dose of 3 mg/kg/day associated with azathioprine (100 mg/day) allowed a beginning of response after 14 days of treatment. Eleven months later, complete cicatrisation of the ulceration is noted.

Conclusion : No consensus for the GP's therapeutic strategy is yet established . Its management is based primarily on clinical experience because of its low incidence and the absence of randomized studies. Oral ciclosporin at the dose of 3 to 5 mg/kg/day has been studied for several years. Efficacy is usually rapid, in one to three weeks, with complete healing in one to seven months. In our patient, the cicatrization was longer, which can be explained by the extensive nature of the ulceration. The association of SAM with PG also appears in the prognosis and poses an additional therapeutic difficulty in IV IG resistance