



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

CHRONIC PENILE ULCERATION REVEALING PYODERMA GANGRENOSUM AT AN 85-YEAR- OLD PATIENT

M Khallaayoune⁽¹⁾ - S Regragui⁽²⁾ - A Slaoui⁽²⁾ - M Meziane⁽¹⁾ - L Benzekri⁽¹⁾ - N Ismaili⁽¹⁾ - K Senouci⁽¹⁾ - B Hassam⁽¹⁾

Mohammed V University, Ibn Sina Hosiptal, Dermatology, Rabat, Morocco⁽¹⁾ - Mohammed V University, Ibn Sina Hosiptal, Urology A, Rabat, Morocco⁽²⁾

Background: pyoderma gangrenosum is characterized by chronic ulcerations that most commonly affect the lower limbs. Genital localization is rare and not evocative, which can cause considerable diagnostic delay.

Observation: an 85-year-old male patient with a history of spontaneously resolving genital chancre at the age of 30, presented with a penile ulcer evolving for 3 months. Clinical examination found a 4 cm ulceration of the corona of the penis with a fibrinous base and an elevated and indurated margin. The patient had no palpable lymphadenopathy and the rest of the physical examination was normal. Several surgical biopsies were performed, showing nonspecific inflammatory changes without signs of malignancy. TPHA and VDRL were positive at significant levels while serologies of other STIs were negative. The patient was treated with benzathine penicillin G for 3 weeks without any clinical improvement. During his follow-up, a peripheral pustular lesion appeared whose biopsy showed a dermal cellular infiltrate predominantly neutrophilic without visible pathogenic agent. Pyoderma gangrenosum was diagnosed and the patient put on oral corticosteroid therapy (0.5mg/Kg/day) with complete healing of the lesion after 1 month. The investigations did not find any associated disease, close monitoring was scheduled.

Key message: Pyoderma gangrenosum is an immunologically mediated, destructive neutrophilic dermatosis. It can occur at any age although it remains unusual at advanced ages. Genital involvement is rare and more commonly seen in pediatric forms. Clinical features may be atypical and mislead diagnosis. It is a diagnosis of exclusion since there is no specific histopathological test. Testing should exclude other etiologies of chronic genital ulceration as squamous cell carcinoma, lymphoma, syphilis, drug reaction or tuberculosis, but also evaluate the patient for systemic disease. The treatment is still not codified and is mainly based on oral corticosteroid therapy at a dose of 0.5 to 1 mg kg/day.

