



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

EXTENSIVE PYODERMA GANGRENOSUM OF THE BREASTS: A THERAPEUTIC CHALLENGE.

K Wróbel⁽¹⁾ - K Ksiezopolska-ozieblo⁽²⁾ - M Slowinska⁽²⁾ - E Paluchowska⁽²⁾ - W Owczarek⁽²⁾

Military Institute Of Medicine, Dermatology Of Dermatology, Warsaw, Poland⁽¹⁾ - Military Institute Of Medicine, Department Of Dermatology, Warsaw, Poland⁽²⁾

Background: Pyoderma gangrenosum is an inflammatory neutrophilic dermatosis of unknown etiology. It is commonly associated with systemic diseases such as inflammatory bowel diseases, rheumatoid arthritis or hematologic disorders but does not correlate with the severity of the underlying condition. It most frequently occurs on lower extremities.

Observation: In this paper we report a 62-year old male with multiple comorbidities who presented extensive, 2 centimeters deep, painful ulcers on both breasts and met the diagnostic criteria for pyoderma gangrenosum at admission. After excluding ongoing malignancy, vasculitis and other previously described associated diseases, treatment with prednisone 40 mg/d and cyclosporine 200 mg/d (2,8 milligrams per kilogram of ideal body weight) was started. The patient was treated for 5 months with a gradually increasing dose of cyclosporine up to 300 mg/d (4,2 milligrams per kilogram of ideal body weight) and decreasing dose of prednisone up to 2,5 mg/d which resulted in stabilization of the disease. Due to adverse effects (elevated creatinine level up to 1,8 mg/dl, decreased estimated glomerular filtration rate to 42 ml/min/1,73 m², occasionally increased glucose level over 300 mg/dl despite intensive insulin therapy) and no further improvement, cyclosporine was discontinued, prednisone dose was set to the tolerable level and 2 grams of mycophenolate mofetil (MMF) daily with 10 mg of methotrexate (MTX) weekly were initiated. The lesions subsided gradually on the combination therapy (prednisone 7,5 mg/d, MTX 10 mg/week, MMF 2 g/d). The overall time to achieve remission was 15 months and the effective treatment is now maintained to prevent recurrence.

Key message: This case presents the major therapeutic struggles in a patient with severe pyoderma gangrenosum. The combination of immunosuppressive agents and decent clinical experience is crucial to balance the treatment efficacy and its adverse effects.

