

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PYODERMA GANGRENOSUM OF THE BREAST: 3 CASES

Mariem Amouri⁽¹⁾ - Sonia Boudaya⁽¹⁾ - Hela Gharbi⁽¹⁾ - Emna Bahloul⁽¹⁾ - Abderahmen Masmoudi⁽¹⁾ - Madiha Mseddi⁽¹⁾ - Hamida Turki⁽¹⁾

Hedi Chaker Hospital, Dermatology, Sfax, Tunisia (1)

Background: Pyoderma gangrenosum (PG) is an uncommon neutrophillic dermatosis that usually manifests as an ulcerative lesion on the lower extremities. We report 3 cases of PG of the breast without any lesion elsewhere in 2 patients (P).

Observations: Three women aged 51 (P1), 57 (P2) and 78 year old (P3) presented with de novo unilateral painful breast ulcerations of 4 to 6 months duration resistant to conventional wound therapies. Medical history was relevant for PG of lower limbs and Juvenile Idiopathic Arthritis (P1), dyslipemia and asthma (P2) and diabetes mellitus (all P). Clinical examination revealed a single superficial ulceration of 15 cm in the upper and lower outer quadrant of the left breast (P1), multiples superficial ulcerations of the left breast (P2) and three ulcers of 2 to 7 cm in the upper and lower inner quadrant of the right breast (P3). A livid undermined border was noticed in all cases. Similar ulcerations were seen on the arms with cribriform scarring on both legs (P1). An ultrasound scan and mammography of both breasts were within normal (Bi-RADS 2) in P3. Histology of the wound-border showed a dense dermal neutrophilic infiltration with signs of vasculitis without any granulomas, neoplasic cells or microorganisms. A sceening for lymphoproliferative disorders was negative. Patients were treated with prednisolone 0.75 mg/kg/day with a total cicatrisation within 5 months (P2) and 10 months (P3). Patient 1 died of a septic syndrome.

Key message: All our patients fulfilled the criteria of PG. Even if it is a diagnosis of exclusion, with exceptional location on breast, clinicians should have it in mind and start prednisolone as soon as possible.





