INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PYODERMA GANGRENOSUM TREATED WITH COLCHICINE – A CASE REPORT

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Background: Pyoderma gangrenosum (PG) is a rare autoinflammatory neutrophilic dermatosis. Although PG can be idiopathic, approximately 50% of cases are associated with comorbidities, including inflammatory bowel disease, rheumatoid arthritis, neoplasms, endocrine and renal disorders. PG has been classified into four variants: classic, atypical/bullous, pustular, and vegetative. Treatment options include wound care and use of corticosteroids, immunosuppressants, and biologics. Due to its antimitotic, anti-inflammatory and immunomodulating properties colchicine has been proposed either as a single agent or as a corticosteroid-sparing agent for PG treatment. We report a patient with severe PG associated with insulin-dependent diabetes mellitus (IDDM), arterial hypertension and chronic ischemic heart disease (CIHD) successfully treated with colchicine.

Observation: A 52-year-old male, a smoker presented with a 2-month history of sudden onset of pustules and painful ulcers involving lateral parts of the dorsum of the right foot. He had similar lesions of the left leg 1 year earlier. Treatment history included surgical incisions and prolonged courses with systemic antibiotics because of initial suspicion of phlegmon. He received concomitant therapy for IDDM, arterial hypertension and CIHD. Dermatological examination revealed right foot oedema, flat ulcers with violaceous border and purulent secretion. Pretibial scars on the left leg were observed. Laboratory findings were notable for mild anemia and elevated C-reactive protein. The patient was diagnosed with PG. Therapy with topical antiseptics and colchicine 1 mg daily was administered for 2-months, followed by a maintenance regimen 0,5 mg daily for 4 months and colchicine was stopped. Rapid regression of PG lesions was noted within 2 weeks and after 2 months lesions disappeared. There was no relapse during the 10-month follow-up.

Key message: Single-agent therapy with colchicine may provide an alternative, safe and effective treatment strategy of PG patients, especially those with some comorbidities such as diabetes, where corticosteroids are contraindicated.