



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SUCCESSFUL TREATMENT OF PYODERMA GANGRENOSUM WITH MINOCYCLINE:A CASE REPORT

Fang Rouyu⁽¹⁾ - Zhao Yang⁽²⁾

*Peking Union Medical College Hospital, Dermatology, Beijing, China⁽¹⁾ - Peking Union
Medical College Hospital, E.n.t, Beijing, China⁽²⁾*

Background: Pyoderma gangrenosum (PG) is a rare inflammatory skin disorder that commonly characterized by cutaneous papulo-pustules to large necrotic ulcers. Sometimes, it can be misdiagnosed as severe cutaneous infections and led to continuous surgical debridement which made the lesion worse. Dermatologists are often called when debridement and empiric antibiotics treatment failed. However, before the diagnose of PG is established, other causes of ulceration such as infections and tumors should be excluded. As we know, PG can be progressive and evolve rapidly, how can we dermatologist do at the first time to make a right decision when we confronted with a suspected PG but concurrent local or systematic infections cannot be excluded? Is corticosteroid the only choice?

Observation: A 24-year-old woman presented to our hospital with a 4-week history of erythema and pain in front of her left ear, she had a fever of 40.5°C. Empiric antibiotics treatment was given. About a week ago, purulent macula showed on the central of the redness, and she was diagnosed anterior auricular fistula infection. Four sessions of debridement were given at the ENT department but the lesion got worse. Physical examination revealed about 10*6cm large ulceration on the left face and cheek, with a regular purple edge. At that time, the patient had concurrent with a severe intestinal infection, gastroenteroscopy showed no signs of IBD. Systematic corticosteroid was a relative contraindication. After consultation with the surgeons and physicians, further debridement was suspended, minocycline 100mg bid and IVIG was given. And the lesion remarkably improved in a week.

Key message: Minocycline has both effect of anti-inflammatory and anti-infection. When we confronted with a suspected PG or PG concurrent with a severe systematic infection, it can be a selectable choice and may have satisfactory result.

