INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SUPERFICIAL GRANULOMATOUS PYODERMA OF THE FACE: TREATMENT RESPONSE

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Background: Superficial granulomatous pyoderma (SGP) of the face represents a rare variant of pyoderma gangrenosum (PG) with gradually progressive course, three-layered granuloma in histopathology, lack of association with other diseases and good response to therapy.

Observation: We present a case of 48-year-old male with 2-month history of facial nodules that secondarily ulcerated.
Personal history was unremarkable, except for hypertension.
On exam, there were 3 ulcerations on both temporal and left preauricular region. The ulcerations were shallow, round, with infiltrated edges, but without surrounding inflammation. The biopsy of the edge of ulceration showed the three-layered suppurative granuloma and special stains (Ziehl-Neelsen, PAS and Giemsa) failed to demonstrate the presence of microorganisms. Routine lab analyses showed only blood eosinophilia, while bacterial cultures, QuantiFERON test, PCR for Mycobacterium tuberculosis, tests for syphilis, ANA, ANCA were negative.
The patient was initially treated with dapsone 100 mg/day, prednisone 0.5 mg/kg and potent topical corticosteroids (0.05% clobetasol propionate ointment). Since we noticed excellent results in the first weeks of treatment, we tapered the dose of prednisone gradually and after the 3 months oral glucocorticoids were stopped and the dose of dapsone was lowered to 50 mg per day. After 3 months the ulcerations reappeared in the same spots, and despite the increase of the dosage of dapson there was no improvement. Therefore, the dapson was stopped and the azatioprine combined with prednisone 0.5 mg/kg was introduced. This therapeutic approach resulted in complete and sustained remission in following months.

Key message: The pathogenesis of this form of PG is unknown. According to one hypothesis, it represents a localized type of delayed hypersensitivity to some undefined non-pathogenic endogenous or exogenous antigen. Facial involvement with SGP represents very rare, but more aggressive clinical variant that requires more intensive immunosuppressive management, as it was the case in our patient.