



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SURGICAL MANAGEMENT OF POST-OPERATIVE PYODERMA GANGRENOSUM

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Background: Pyoderma gangrenosum (PG) is an uncommon inflammatory neutrophilic dermatosis that manifests as ulcerated cutaneous lesions, and typically commences at sites of minor trauma. Surgery can trigger pathergic development of PG in surgical wounds, which can be mistaken as infection requiring debridement. Paradoxically, debridement often advances the PG process rather than solving the problem. This case describes recurrent post-operative PG at both the original surgical site and the subsequent flap donor site, occurring in an individual with existing active PG of a distant site.

Observation: A 65-year-old man presented with neck wound dehiscence, one week post parotidectomy and radical neck dissection, in the setting of longstanding left leg PG treated with IVIg and prednisone. The neck wounds were erythematous with violaceous borders, and had fibrinous slough interposed between dehisced wound edges. Punch biopsies demonstrated acute inflammation and vasculitis with microabscess formation, consistent with PG. He required soft tissue cover due to risk of neck vessel exposure, and the wounds were debrided and the defect reconstructed with a pectoralis major muscle flap and split skin graft. His recovery was complicated by breakdown and clinical PG of the chest donor site, with histopathology demonstrating extensive acute inflammation with abscess formation and surrounding necrosis. Following negative pressure wound therapy (NPWT), the donor site wound was reconstructed with a local flap, and he had no recurrence of disease at two months post-surgery.

Key message: While debridement advances the pathergy of PG, there are surgical situations where it is necessary to provide cover to structures that may be exposed by the dehisced wounds. It is possible that the combination of NPWT and treatment with ongoing steroids and IVIg permitted successful surgical management of this patient. Patients with existing PG should be informed of the possibility of surgical site post-operative PG when considering risks for surgery.

