INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

TUMOR NECROSIS FACTOR-ALPHA INHIBITORS FOR THE TREATMENT OF PYODERMA GANGRENOSUM NOT ASSOCIATED WITH INFLAMMATORY BOWEL DISEASES: A MULTICENTRIC RETROSPECTIVE STUDY

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Introduction: Systemic steroids and ciclosporine are the fist-line treatments for pyoderma gangrenosum (PG). TNFα-antagonist efficacy has been less studied in PG not associated with inflammatory bowel diseases (IBD).

Objective: The aim of this study was to evaluate TNFα-antagonist efficacy in non IBD-associated PG.

Materials and methods: This retrospective French multicentric study included ten adult patients diagnosed with PG without IBD treated with TNFα-antagonists. Complete remission (CR) was defined as complete healing of ulceration(s), partial remission (PR) as healing of >=50% and <100% , and failure as healing of <50%.

Results: PG was idiopathic in 2 patients, and associated with: ankylosing spondylitis (n=3), relapsing polychondritis (n=1), hidradenitis suppurativa (HS) (n=1), SAPHO (n=1), IgA monoclonal gammopathy (n=1); levamisole consumption (n=1), surgery (n=1). Infliximab was used in 8 cases, adalimumab in 1 case, etanercept in 1 case, and golimumab in 1 case. CR (Figure 1) was obtained in 7/10 cases, with median complete healing time of 3 months [range: 0.5-7]. TNFα-antagonist was generally used as a 3rd line of treatment [range: 1-7]. Among 5 patients receiving concomitant steroid treatment, steroid weaning was obtained in 4/5 patients (Table 1). No serious infectious adverse events were observed.

Conclusions: Fifty-eight cases of PG without IBD treated with TNFα-antagonists have been reported in the literature. Twenty four (41%) were idiopathic PG, 10 (17%) were associated with rheumatoid arthritis, 6 (10%) were post-operative or post-traumatic, 4 (7%) were associated with HS, 2 (4%) with monoclonal gammopathy. CR was achieved in 76% (31/41), 64% (9/14) and 47% (9/19) in patients treated with infliximab, adalimumab, etanercept respectively. The median complete healing time was 4 months [range: 0.75-48]. The efficacy of TNFα-antagonists in idiopathic PG and in PG with an underlying disease in which TNFα has not demonstrated role suggests a broader role of this cytokine in the pathophysiology of PG.