



MEDICAL THERAPIES AND PHARMACOLOGY

A CASE OF RECALCITRANT IDIOPATHIC PYODERMA GANGRENOSUM SUCCESSFULLY TREATED WITH BIOLOGICAL DRESSING AND SYSTEMIC TREATMENT

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Background: Pyoderma gangrenosum (PG) is a painful neutrophilic inflammatory dermatosis. We report the case of a patient who presents an idiopathic PG in classic ulcerative form by combination of disulone, azathioprine and platelet-rich plasma (PRP) gel with good evolution.

Observation: A 26-year-old woman with a history of sweet syndrome treated with general corticosteroid therapy with good evolution, complicated of osteoporosis. She was presented in March 2017 a very painful ulceration of the back of the right foot, evolving by thrust and remission since 3 months, spontaneous appearance and rapid centrifugal growth. Clinical examination found 2 very painful ulcerations one at the level of the back of the right foot and the other facing the external malleolus, 3 cm long, with elevated edges, irregular, inflammatory and slightly purplish. Local microbiological specimens were sterile. The biological assessment showed an inflammatory syndrome. Histological examination revealed signs of PG. No digestive, rheumatological and hematological disorders were associated. The patient was initially treated with disulone 100 mg / day, azathioprine 100 mg and dermocorticoids for one year and three months. The evolution was marked by a very slow improvement with the appearance of atrophy in peri-lesion related to the prolonged application of dermocorticoids. We decided to treat the lesion with PRP with very good healing of the lesions after the second session at 3 weeks apart. The decline is 3 months.

Key message: PG is an ulcerative skin disease which the treatment modalities currently available are far from satisfactory. We opted in this case for treatment with PRP gel associated with the systemic treatment that was taken for 1 year and 3 months and the result was satisfactory. Some authors have reported the efficacy of PRP in PG, with rapid healing, reduced side effects from corticosteroid therapy and immunosuppressive therapy, and reduced hospitalization.

