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PYODERMA GANGRENOSUM SUCCESSFULLY TREATED WITH ITRACONAZOLE: A CASE REPORT

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Background: Pyoderma Gangrenosum (PG) is a rare disease first reported by Brunsting in 1930. Its etiology and pathogenesis are not clear, classified as a disease of the immune system now. Clinical manifestation is recurrent and devastating skin ulcer, accompanied by pain. There is no unified standard diagnose. Histopathological examination has no special significance and it is diagnosed after eliminating tuberculosis, fungal, etc.

Observation: A 55-year-old male had the ulcer of his right calf for more than 2 months. The pretibial area of right calf of patient was hurt by wood previously. Then there was a red painful plaque with a size of soybean, increasing gradually to about 10 cm diameter large ulceration. Wound basal was red, and granulation tissue was pale with a small amount of drainage. The odor is not obvious. And the surrounding of surface of wound was no redness, healing with pink scar. Ulcer margin was irregular, slightly elevated, covered with dark blood crust. Fungi, bacteria and anaerobic bacteria cultures were negative for many times. Histopathology revealed that there was epidermal hyperplasia, hyperkeratosis, parakeratosis, numerous neutrophils, plasma cells, lymphocytes and some mixed inflammatory cells in the dermis. Special dyeing showed negative staining for PAS, PASM, acid fast stain, Giemsa dyeing. There was no positive pathogenic microorganisms in special dyeing. Itraconazole was given, and ulcer healing gradually, patients discharged from hospital after about one month. The patient took itraconazole to continue treat. The ulcer healed completely. Then the patient stopped taking it.

Key points: Itraconazole, as one of the triazole antifungal drug, is notably effective on superficial and deep fungal infection, and widely used for broad-spectrum antibacterial with little side effect. Itraconazole is better tolerated and less hepatotoxic and has a broad novel role in the therapy of skin diseases.





