SKIN MANIFESTATIONS OF INTERNAL DISEASE

RECALCITRANT PYODERMA GANGRENOSUM TREATED WITH TNF-α INHIBITORS

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Background: Pyoderma gangrenosum (PG) is a neutrophilic dermatosis. About 50 % are associated with underlying systemic diseases such as inflammatory bowel disease, rheumatological disease or lymphoproliferative disorders. Many patients run a chronic protracted course despite initial improvement with immunosuppression. There is no gold standard therapy currently. Corticosteroid and ciclosporin are usually the first line of treatment. Other systemic therapies include mycophenolate mofetil, cyclophosphamide and TNF-α inhibitors.

Observation: We present a case of a 53-year-old Chinese female, with a background of seronegative arthritis diagnosed in 2002, who presented with bilateral leg ulcers, which were subsequently diagnosed as PG. She was initially treated with azathioprine, mycophenolate mofetil, sulfasalazine, prednisolone and methotrexate from 2009 to 2015. In 2015, she was referred to the Department of Dermatology. She was seen with multiple large ulcers on both legs ranging from 1 to 4 cm in diameter. Having not responded to ciclosporin, colchicine and prednisolone, she was then started on a 6-weekly infliximab infusion of 400mg in March 2017. The ulcers initially improved after 4 infusions, however, became worse again. After the 5th dose of infliximab, the infliximab antibody level was found to be 104.3 AU/ml. In August 2018, she was started on subcutaneous injections of adalimumab 80mg and subsequent doses of 40mg weekly. She showed marked improvement after 6 doses of adalimumab.

Key massage: PG that is recalcitrant to immunosuppressants does respond to TNF-α inhibitors such as infliximab and adalimumab. Infliximab is a chimeric monoclonal antibody and the loss of response overtime may be due to patients mounting an immune response, therefore, producing anti-infliximab antibodies. While adalimumab is a human monoclonal antibody, patients may still develop anti-adalimumab antibodies. Our case highlights that when PG is resistant to infliximab treatment, adalimumab has shown to provide good response.