



WOUND HEALING

PYODERMA GANGRENOSUM OF THE BREAST TREATED WITH TOBACCO-POUCH SUTURE COMBINED WITH ORAL CORTICOSTEROIDS

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Background: A 43-year-old Caucasian female with an unremarkable medical history presented an extensive ulceration of 3 cm of major diameter, with necrotic bed and undermined purple borders, localized in the lateral upper external quadrant of the left breast. Three years earlier, she had undergone aesthetic augmentation mammoplasty.

The patient referred that the lesion initially appeared as a pustule one year before, rapidly evolving to ulceration. Three skin biopsies had been performed in another department, with no definitive histological diagnosis. Swabs for bacteriological and mycological examinations, blood test and radiological examinations had resulted negative. Systemic antibiotic therapy had been ineffective.

Given the extent of ulceration and the young age of the patient, a combined medical and surgical approach was considered: at first the plastic surgeon removed the lesion, reducing the defect by a tobacco-pouch suture. A week after surgery papules and pustules appeared along the suture line. This phenomenon (pathergy) confirmed our diagnosis of Pyoderma Gangrenosum (PG). High-dose corticosteroid therapy was prescribed, with rapid improvement. Dapsone was introduced as a corticosteroid-sparing agent. The lesion was completely healed after five months, with a resulting scar smaller than the initial lesion, further improved by application of vitaminE ointment.

Observation: A total of 87 cases of post-surgical PG following breast surgery were described in the literature, with median time from surgery to occurrence of cutaneous lesions of 7 days. In our case the time was longer (2 years).

Differential diagnosis of PG includes infectious, autoimmune, vascular and exogenous diseases.

A complete history should be taken with a special focus on ruling out any systemic comorbidities.

A surgical approach alone is not effective and may trigger pathergy phenomenon; in our patient, tobacco-pouch suture led to a smaller scar, with a better aesthetic result.

Key words: Pyoderma Gangrenosum, wound healing, mammoplasty

