



HOLY C.O.W.!

IT'S...

Clinical Question of the Week #1
June 30th, 2008 through July 7th, 2008

Please e-mail your answers to Kuo, Tim, Wendy, or Kevin (klian@mednet.ucla.edu; tprovias@mednet.ucla.edu; wsimon@mednet.ucla.edu; kbreger@mednet.ucla.edu) by 0800 on Monday, July 7th, 2008. The resident or intern with the most correct answers at the end of each month will receive a prize!

Case: A 49-year-old woman presented to care after burning her right thumb, which resulted in a subcutaneous ulcer. Subsequently, she developed multiple lesions on both of her legs (shown below). Histology taken from the skin biopsy is also shown.



Questions:

1. What is the diagnosis?

Pyoderma gangrenosum, an ulcerative skin disease of unknown origin. One half of cases are idiopathic, the other half are associated with underlying systemic disease. Lesions may be single or multiple, commonly occurring on legs (pretibial most common). Lesions begin as a pustule or erythematous nodule and then break down and ulcerate a characteristic purulent base with violaceous border spreading peripherally. Biopsy demonstrates mild to moderate perivascular mixed neutrophilic and lymphocytic infiltrate with endothelial swelling, which then

progress to necrosis with dense neutrophilic infiltrate with some macrophages and lymphocytes. (1)

2. What condition is this disorder commonly associated with?

Pyoderma is commonly associated with inflammatory bowel disease, occurring in 5% of patients with UC and 2% of patients with Chron's disease. PG can also occur in arthritis, lymphoproliferative disorder, Sweet's syndrome, Bechet's disease, subcorneal pustulosis, and as a complication of G-CSF therapy. (1)

3. What is the initial treatment?

Local/topical therapy includes compresses, whirlpool baths, topical/intralesional steroids, topical tacrolimus, and colloidal membrane occlusive dressings. High-dose systemic steroids are also given. Other immunosuppressives are used in selected instances of refractory disease. Surgical interventions such as flaps and grafts may also be use in conjunction with immunosuppression. (0.5 for topical, 0.5 for systemic)