



GRANULOMATOUS PYODERMA GANGRENOSUM – A RARE PRESENTATION

**Dr. Choudhary Md
Fayyaz Md Ilyas**

3rd Year Post Graduate Md – Dvl

KEYWORDS :

INTRODUCTION :

Pyoderma gangrenosum (PG) is a reactive non-infectious inflammatory dermatosis, associated with systemic disease in about 50% of patients.

Other than the classical variant, it includes bullous, pustular and granulomatous (vegetative) variants. Vegetative PG or superficial granulomatous pyoderma is a localized indolent variant of PG described by Wilson-Jones and Winkelmann in 1988.

Granulomatous PG is relatively painless without any systemic associations, most commonly seen on trunk and lower legs.

Case Report : A 32 years old married male working as labour presented to DVL OPD with complaints of multiple rapidly progressive, relatively painless raw areas over left leg since 1 month.

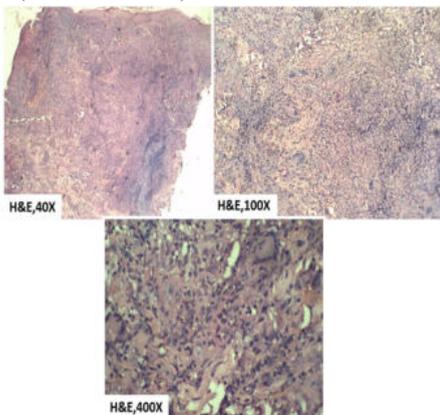
Examination Finding : Multiple coalesced and few discrete ulcers , extending from left knee to ankle involving anterior, lateral and posterior aspect of left lower limb. There were erythematous, angulated margin with undermined edges. On palpation, the ulcer had non-indurated base and non-tender .



Other Investigation:

Mantoux test – Negative

- Pathergy test - Negative
- Chest X-ray : Within normal limit
- All hematological and biochemical parameters : Normal
- Pus Culture & Sensitivity : shows *Pseudomonas aeruginosa*
- Tissue culture : Negative for fungus, mycobacterium, bacterial
- USG (Abdomen + Pelvis) : Normal



>H & E (40X, 100X): Diffuse neutrophilic infiltrate in the dermis >H

& E (400X) : Multiple Langhan's giant cells and few lymphocytes and histiocytes forming granulomas- The patient was started on Tab Prednisolone - 60mg/day (tapering in every 2 weeks) and Tab Amoxicillin (500mg) + Clavulinic acid (125mg). After culture sensitivity testing Tab Ciprofloxacin (500mg) was started and Tab Dapsone – 100 mg/day after G6PD testing.

Hydrogen peroxide dressing on areas of slough & thereafter daily dressing with antibiotic cream.



Post Treatment (after 4 Months)

CONCLUSION :

- Granulomatous PG is an underdiagnosed entity with excellent response to treatment.
- Diagnosed after excluding other causes of cutaneous ulcerations
- Failed detection can lead to local destruction and mutilation.
- Because of atypical clinical features and presence of granulomatous inflammation on histopathology, it is often misdiagnosed as deep mycosis, atypical mycobacterial infection and lupus vulgaris.
- Metastatic Crohn's disease may present with ulcers having granulomatous reaction on histology