Post-surgical pyoderma gangrenosum:

A systematic review of clinical characteristics and management

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What is post-surgical pyoderma gangrenosum (PSPG)?

PSPG is a rare, rapidly progressive, non-infectious neutrophilic dermatosis in which surgical trauma triggers a painful cutaneous ulcer at the surgical site, and which can lead to severe consequences if not recognized and treated promptly.

Background

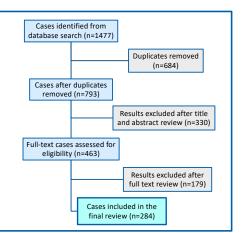
- PSPG is often misdiagnosed as surgical site infection or necrotizing fasciitis, leading to delayed treatment and severe outcomes.
- Aim: This systematic review summarizes the clinical characteristics, risk factors, management strategies, and outcomes of PSPG.

Methods

Study selection process:

Inclusion criteria:

- Population: All age groups, both sexes
- Symptom onset within 30 days after surgery or intervention
- Time interval from intervention to symptom onset reported
- Diagnosis of PSPG clearly described



Results

Demographics:



n=184 cases 65% female Mean age: 51 years Symptom-Onset: Ø 8.5 days after surgery

Patient related risk factors:

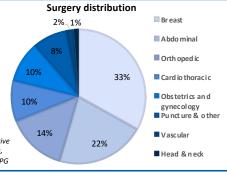
Autoimmune disease (e.g. colitis ulcerosa), haemotologic disease (e.g. MDS), history of PG. rheumatoid arthritis.

Clinical features of PSPG:

- 1. Pustules, bullae
- Ulceration with violaceous, undermined borders <u>Histology</u>: Sterile neutrophilic infiltrates
- 3. Rapid expansion, necrotic ulceration



Figure: Typical postoperative ulceration with violaceous, undermined borders in PSPG



Treatment & Outcomes

Corticosteroids average duration 98 days

Combination therapy (corticosteroids + another agent such as cyclosporine, dapsone, IVIG):

- → Fewer complications (p < 0.0097)
- → Recurrence rates: not significantly different (p ≈ 0.075)

Differential Diagnoses

- Surgical site infection
- · Necrotizing fasciitis
- Abscess
- Cellulitis
- Fat necrosis

Case report: 35 y/o female, 10 days post liposuction abdomen & back

Day 1: Pustules and bullae at the surgery site (10 days post-surgery)



Day 7: Ulceration with violaceous, undermined borders; rapid expansion



Day 13: Start of corticosteroids



Day 14: Drastic improvement within hours after



Day 29: Complete healing after corticosteroids, débridement, local flap and STSG



Take-home Messages

- PSPG typically occurs within the first 2 weeks after surgery.
- · Patient-related risk factors include autoimmune disease, hematologic disease, a history of PG, and rheumatoid arthritis.
- Early recognition is crucial, since misdiagnosis can lead to severe outcomes.
- Corticosteroids remain the primary treatment and combination therapy can reduce complication rates.
- Awareness of risk factors and differential diagnoses improves patient outcomes.

