

Topic Tacrolimus: an Important Tool to Diagnose and Treat Pyoderma Gangrenosum

A. Otten, B. Egger, M. Menth

Department of Surgery HFR Fribourg - Cantonal Hospital, CH-1708 Fribourg

Background

Pyoderma gangrenosum (PG) is a rare, painful ulcerative skin disorder, often associated with underlying systemic diseases. Since PG manifests and evolves in various forms, misdiagnosis is frequent.

Rare
Unknown etiology
All body parts
Different variant
Diagnosis of exclusion

80 y/o male

- Hypertension : triple therapy
- Type 2 diabetes : no insulin
- Vascular history (PE, DVT)

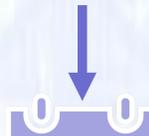


1

Methods

Challenging evolution of a histologically proven Necrotic Angiodermatitis in an 80-year-old male with a history of long-term arterial hypertension and type 2 diabetes. After excision and skin grafting, the wound healed only partially. The anterior aspect evolved unfavorable to a painful large ulcer despite several surgical debridements, and the use of negative pressure wound therapy. A concomitant staphylococcus infection was treated with antibiotics.

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DEC

"Martorell Ulcer"

- Wound excisions / revisions: 10
- Tiersch Grafts : 3
- Negative Pressure Wound Therapy



2

Results

The turning point in treatment was the application of topical Tacrolimus, which led to significant and rapid improvement in pain and healing, supporting PG as the diagnosis. Adalimumab injections were then added, resulting in complete wound healing within 4 months.

JAN

Intraoperative histopathology:

Pyoderma Gangraenosum

Topic Tacrolimus

2 weeks later: Adalimumab Injection
1x80 mg, then 1x40 mg every 2 weeks, gradual taper

Immediate Good Evolution
Wound closed in 4 months



3

Conclusion

This case highlights the complexity of the evolution, diagnosis and management of PG

1. Think of PG in non healing ulcers
2. Try out topic Tacrolimus for 48h
3. Use a multidisciplinary approach



Picture 1. First consultation: August



Picture 2a-b. Before 2nd Hospitalisation



Picture 3. After 1,5 months of treatment