

Abstract N°: 1225

Pyoderma Gangrenosum associated with untreated Ulcerative Colitis complicated with CMV infection

Georgios Mantios[1], Nikolaos Chaitidis[1], Aikaterini Tsentemeidou[1], Angeliki Panagopoulou[1], Efstratios Vakirlis[1], Eleni Sotiriou[1], Dimitra Kiritsi[1]

[1]School of Medicine, Aristotle University of Thessaloniki, First Department of Dermatology and Venereology, Thessaloniki, Greece

Pyoderma Gangrenosum associated with untreated Ulcerative Colitis complicated with CMV infection.

Introduction & Objectives: Pyoderma Gangrenosum, a rare and challenging dermatologic condition, is known to be associated with inflammatory bowel diseases, including Ulcerative Colitis. Our objective is to suggest endoscopic methods of gastrointestinal tract examination in patients with pyoderma gangrenosum of an unknown etiology.

Materials & Methods: Clinical case of a 77-year-old female Caucasian patient presented with a rapidly progressing painful suppurative and hemorrhagic violaceous ulcer with a surrounding erythematous overhanging border covering approximately 85% of the right breast. The patient reports a small painful suppurative plaque on the lower half of the right breast which initially appeared four months before hospitalization and was continuously aggravating despite treatment with per os, intravenous, and topical antibiotics. Differential diagnoses included Bacterial/Fungal Infection, Pyoderma Gangrenosum, Paget Disease, Breast malignancy, Metastatic Disease, and Myeloproliferative Disorders.

Results: The patient underwent a broad-spectrum laboratory examination, cultivations, histopathological examination and MRI scan. The patient reported acute diffuse abdominal pain and diarrhea with traces of blood during defecation, raising suspicions about coexisting inflammatory bowel disease. A colonoscopy was conducted. The histopathological results confirmed the diagnosis of Ulcerative Colitis. Additional histological findings raised awareness of potential coexistent Cytomegalovirus (CMV) induced colitis. The immunofluorescent antibody test and PCR test confirmed the diagnosis. The diagnosis of PG was mainly based on exclusion, clinical findings, as well as correlation with newly diagnosed UC. The patient's treatment plan included systemic corticosteroids (prednisolone 1mg/kg with gradual dose reduction), mesalazine suppositories, topical wound care and topical corticosteroids (clobetasol propionate) along with intravenous antiviral treatment (Ganciclovir) to eliminate the CMV infection. The patient responded well to treatment with significant improvement of the bowel disease and gradual epithilization of the ulcer. After two months of treatment, the patient achieved approximately 90% remission of the dermatological disease and complete remission of the intestine symptoms. Over the following months, the patient will be under regular interdisciplinary evaluation by dermatologists and gastroenterologists, to secure optimum therapeutic results for both pathological entities and to continue treatment, probably, with an TNFa inhibitor.

Conclusion: The case underscores the importance of recognizing the association between PG and UC, as the management of one condition can significantly impact the course of the other. Increased awareness among healthcare professionals about the potential association between PG and UC is crucial. CMV colitis is also common among immunocompromised hosts with inflammatory bowel disease, highlighting the importance of assiduous endoscopic and histopathological evaluation.