PULSE PARA VOLVER AL ÍNDICE

Pioderma gangrenoso: una causa poco frecuente de úlcera orbitaria

Pyoderma gangrenosum: a rare cause of an orbital ulcer

CASE

A 46-year-old Caucasian male presented with progressive swelling of the right supraciliary complicated with skin ulceration for the last 2 months. He had had an accidental trauma in that area about 4 years ago with an iron cable. He denied fever, vision loss, headache, arthritis and weight loss. He had a past medical history of obesity, alcoholic chronic hepatic disease and smoking. He did not take any chronic medication. He had no history of recent travels, lived in a rural area and worked as a merchant. Upon clinical examination, he had skin nodules that subsequently formed erosions and a non-exudative skin ulceration of the right eyelid; no lymphadenopathies or others alterations were found. Magnetic resonance revealed an expansive lesion extending to the plane of the superior orbital fissure and the optic nerve canal, involving the medial rectus muscle and intra-conical fat (figure 1).

A diagnosis of orbital cellulitis was assumed and the patient performed multiple antibiotics (ceftriaxone, ciprofloxacin, clindamycin and amoxicillin-clavulanic acid) without improvement. There were no microbiological isolates, either on blood cultures or skin swab. Lesion biopsy excluded both neoplasia (including lymphoma) and infection (including mycobacteria, leishmania, spirochetes and fungi). Histology revealed neutrophilic dermatosis. The injury worsened with time (figure 2). The patient was tested and negative for Human Immunodeficiency Virus, Syphilis and Hepatitis B and C. Immunological tests were also negative. A prothrombotic state was discarded. By then, a diagnosis of *pyoderma gangrenosum* was presumed and the patient started on prednisolone 1mg/kg/day and azathioprine 100 mg/day, after excluding concomitant rheumatological, hematological and neoplastic disease. Unfortunately, the patient died after a few months.

Pyoderma gangrenosum is a rare neutrophilic dermatosis, inflammation and ulceration. The most common presentation is an inflammatory papule or pustule that progresses to a painful ulcer with violaceous borders and purulent base. It is an exclusion diagnosis, made after discarding other inflammatory or ulcerative cutaneous disorders. There are no pathognomonic findings[1,2]. Although there is a risk of biopsy-induced pathergy, the need to rule out other diagnosis supersedes that. Since most patients have an associated systemic disease, like inflammatory bowel disease, arthritis or hematologic disorders, they need to be excluded [2,3].

Figure 1. Magnetic resonance imaging, T2 axial section. Left frontal soft tissue lesion in continuity with right orbital lesion, accompanied by local vasogenic edema. Extension of the lesion for right ethmoidal chambers.

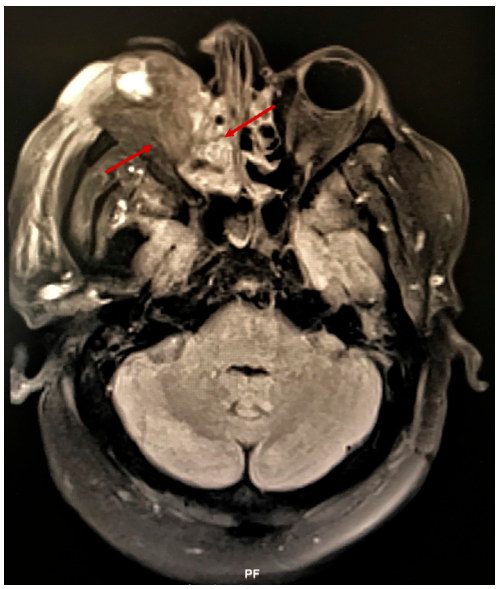
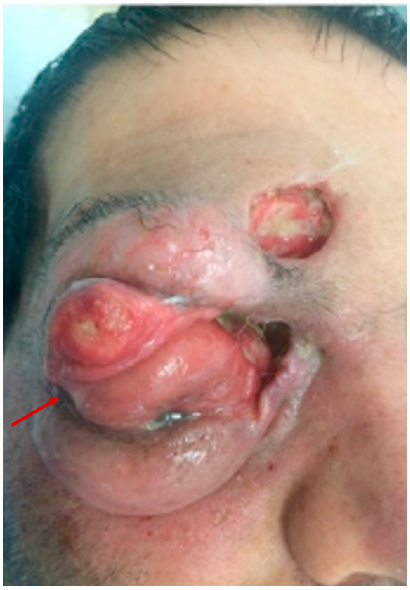


Figure 2. Orbital lesion appearance after 30 months of evolution and two skin biopsies.



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