PYODERMA GANGRENOSUM TREATED WITH CLOFAZIMINE

To the Editor

A 30-year-old male presented with non-healing ulcers over the left calf of four months duration. Onset was insidious and not preceded by any trauma. Lesion started as a furuncle-like lesion and developed into an indolent progressive ulceration. All attempts to cure it with a variety of antibiotics and even surgery with split-skin graft had failed. Ulcer progressed from grafted margins. Dermatological examination revealed two contiguous ulcers of size 12 x 10 cm and 6 x 4 cm over left calf and lower third of left leg with a few tense bullae in the margins containing serosanguinous fluid. Ulcer floor was covered with pale granulation tissue and at places there was characteristic cribriform scarring with discharge of pus from the sieve-like openings.

Diagnosis of pyoderma gangrenosum was established on clinical and histopathological grounds. No systemic abnormality was detected clinically. Routine investigations in the form of haemogram, biochemistry and barium enema, all were normal. Facilities to study immunoglobulin profile and paraprotein levels were not available.

Treatment was started with clofazimine 100mg daily increasing to 200mg and then to 300 mg. However marked ichthyosis and generalized hyperpigmentation developed and the dose was scaled down to a maintenance dose of 200mg. There was gradual subsidence of progression of ulcer with complete healing in 6 weeks time. Clofazimine was stopped and patient remained free of relapse. Steroids remain the mainstay in the treatment of pyoderma gangrenosum although clofazimine has also been used.[1,2] Postulated mechanisms of action include intercalation of clofazimine with bacterial DNA and increasing levels of cellular phospholipase AZ.[3] Clofazimine therefore may be a useful drug for the indolent varieties of pyoderma gangrenosum where the dangerous side effects of high dose steroids can be avoided.

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References

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