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Superficial and multiple gangrenosum in association with inflammatory bowel disease: An uncommon form

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Abstract
Pyoderma gangrenosum is a rare idiopathic skin disease. There are many clinical forms of pyoderma gangrenosum, superficial and multiple pyoderma gangrenosum is an uncommon form of the disease. A case of a 39-year-old man, with crohn's disease who presented superficial and multiple pyoderma on the skin is reported.

Keywords: pyoderma gangrenosum, bowel disease, multiple and superficiel form

Introduction
Multiple and superficial pyoderma gangrenosum is a distinct and particular variant of pyoderma gangrenosum, which is often diagnosed late because of its particular clinical and histological pattern [1]. We report a case of this rare entity in a patient who had crohn's disease.

Case report
A 39-year-old man, with medical history of crohn's disease put on Salazopyrin, was admitted in gastrology department for severe acute colitis, and who presented diffuse pustules all over the body rapidly increasing in size and becoming ulcerated. The dermatological examination had noted multiple ulcerations, of 0.5cm to 3cm, which border was irregular and non-indurated, and base was non-infiltrated, surrounded by an erythematous halo, located on trunk, on upper and lower limbs and on scrotum (figure1). Histology showed pseudo epitheliomatous hyperacanthosis and irregular papillomatosis associated to perivascular infiltrates and leukocytoclastic vasculitis (figure 2). Biology results were related to neutrophilic polynuclear leukocytotosis and elevated CRP. The patient was initially put on a bolus of injectable corticosteroid for his intestinal pathology, then oral corticosteroid therapy with cutaneous, digestive and biological improvement.

Discussion
Superficial pyoderma gangrenosum is uncommon, recurrent, extensive superficial skin ulceration with uni- or multifocal location. Its pathogenesis was still unknown [1]. However, superficial pyoderma gangrenosum requires histological confirmation. Initially lesion is a spontaneous pustule or nodule that becomes rapidelly ulcerated [2]. Histology objected an ulceration which penetrates the superficial dermis associated to epidermal pseudo-epitheliomatous hyperplasia and a neutrophilic infiltrate. According to BEYLOT BARRY, the treatment of associated pathology can influence the evolution of pyoderma gangrenosum [3]. However, these treatments do not prevent recurrences. As well as we know, this pathology can respond relatively well to current symptomatic treatments. However, these treatments do not prevent recurrences [4].

Conclusion
Pyderma gangrenosum is frequently associated with chronic inflammatory bowel disease, but the superficial, multifocal form has not been previously reported. That is why it often proves to be a diagnostic challenge and a dermatology opinion should be obtained if there is any uncertainty regarding the diagnosis.

Conflict of Interest: None declared.

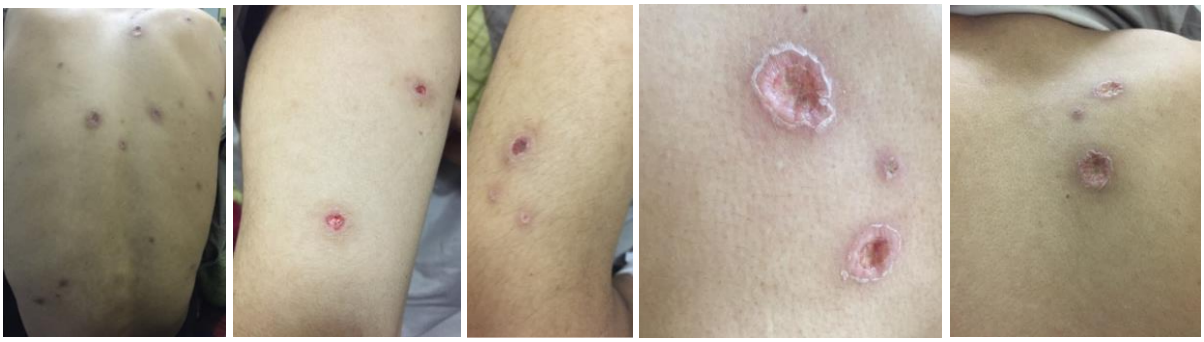

Fig 1: multiple ulcerations, of 0.5cm to 3cm, which border was irregular and non-indurated, and base was non-infiltrated, surrounded by an erythematous halo, located on trunk, on upper and lower limbs.

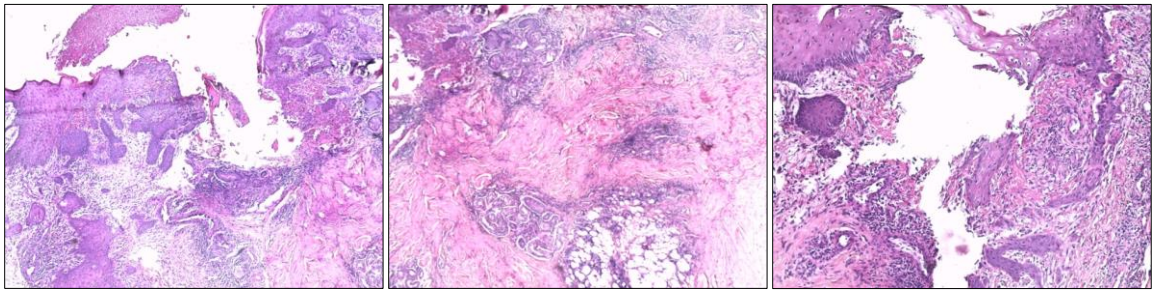

Fig 2: ulceration which penetrates the superficial dermis associated to epidermal pseudo-epitheliomatous hyperplasia and a neutrophilic infiltrate

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