

EP-221

Pathergy 반응 및 이차 감염을 동반한 난치성 외측 복사부 궤양에서 의심된 괴저성 농피증

(Pyoderma Gangrenosum Suspected in a Refractory Lateral Malleolar Ulcer with Pathergy and Secondary Infection)



인제대학교

윤태권, 윤지영*

Purpose: Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis that mimics infected or vasculitic ulcers and may worsen after surgical manipulation. We report a clinically suspected case of PG on the lateral malleolus complicated by secondary wound infection and a prior history of vasculitis.

Methods: A patient presented with a chronic, painful ulcer on the right lateral malleolus. The patient had been diagnosed with leukocytoclastic vasculitis 6 years earlier and had received systemic steroids and regular dressings without improvement. Two years ago, surgical debridement performed at another hospital led to rapid aggravation requiring one month of hospitalization. After discontinuing follow-up and performing self-care, the patient revisited our hospital due to worsening of the lesion. On admission, the ulcer demonstrated progressive tissue loss, a violaceous border, foul-smelling discharge, and severe pain. Wound cultures identified *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*, and intravenous antibiotics were administered. Additional evaluations included skin biopsy, vascular ultrasonography, CT angiography, and ankle-brachial index measurement.

Results: Histopathology showed nonspecific ulcerative inflammation, and vascular studies were unremarkable. Despite inconclusive histology and confounding infection and vasculitic history, the clinical presentation suggested PG, supported by severe pain, violaceous margins, pathergy following debridement, and a favorable response to immunosuppressive therapy. Oral prednisolone and cyclosporine, combined with hyperbaric oxygen therapy and wound care, achieved complete healing within 3 months.

Conclusion: PG should be considered in chronic ulcers that worsen after debridement. Clinicians should be aware of this clinically suspicious case as surgical manipulation such as debridement may trigger further deterioration through pathergy.



Figure 1. Serial clinical photographs of the right lateral malleolar ulcer clinically suspected as pyoderma gangrenosum.(A) Initial presentation showing a painful ulcer with progressive tissue loss, violaceous border, and purulent exudate.(B) Persistent ulcer after infection control with intravenous antibiotics and conservative wound care.(C) Complete healing after oral prednisolone and cyclosporine combined with hyperbaric oxygen therapy and dressing care.