Pyoderma Gangrenosum after Augmentation Mammoplasty

Sir,

Pyoderma gangrenosum (PG) is an uncommon ulcerative skin disease associated with diverse pathological conditions, but which is often idiopathic. We report here the case of a woman who developed PG after mammoplasty augmentation with silicone prostheses and developed ulcerative colitis 1 month later.

CASE REPORT

A 43-year-old woman with an unremarkable previous medical history underwent a bilateral mammoplasty augmentation with silicone prostheses. Five days later, she developed small ulcers with pustules on the surgical wound, which progressed in periphery to affect the whole breasts, with a necrotic base, fibrin deposition and raised, thickened edges. The lesions were symmetrical and the areolas were spared. At this time, the patient developed fever and malaise. The lesions were initially misdiagnosed as wound infection and treated with surgical debridement and topical and oral antibiotics, even though bacteriological cultures were negative.

Since no improvement was observed, the silicone prostheses were removed and skin grafts were applied. The grafts did not take and a recurrence of the same lesions described above was observed (Fig. 1). The patient was sent to our department and PG was clinically diagnosed and we performed a biopsy of the edge of 1 ulcer edge to confirm the diagnosis. Cyclosporine therapy (5 mg/kg/day) was started, with complete healing of the ulcers within 45 days, leaving residual scarring (Fig. 2). Ulcerative colitis was also diagnosed 1 month later and was treated initially with intravenous 6-metil-prednisolone (40 mg/day), with oral prednisone (20 mg/day) as maintenance therapy.

DISCUSSION

Post-surgical PG is described only rarely; after an exhaustive review of the literature only 3 cases of PG associated with breast surgery were found (1–4), with 1 following mammoplasty reduction (2). In these cases, the lesions were misinterpreted as surgical infection and diagnosis was delayed. The description of our case illustrates that the existence of PG after breast surgery, although infrequent, is not exceptional.

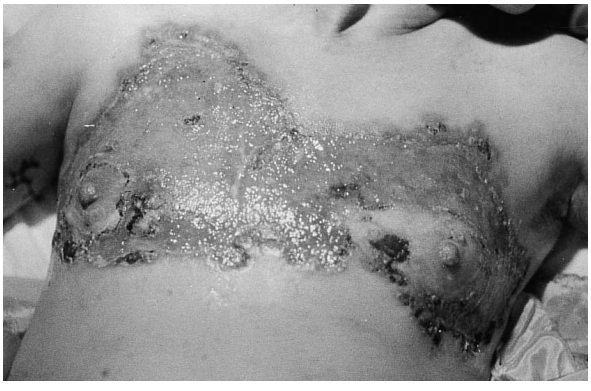

Fig. 1. Pyoderma gangrenosum affecting the whole breasts, but sparing the areolas.

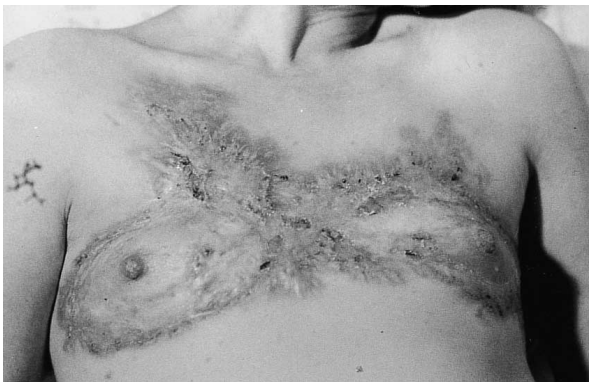

Fig. 2. Lesions healed with residual scarring.

Our patient developed ulcerative colitis following PG. The coexistence of PG and ulcerative colitis is well documented. About half of patients with PG may have or develop inflammatory bowel disease. On the other hand, PG occurs in 1–10% of patients with ulcerative colitis and trauma is sometimes a predisposing factor.

Cyclosporine, alone or in combination with systemic corticosteroid, is currently the most successful drug in the management of PG (5). Patients with a previous history of PG or any systemic conditions that can predispose to PG (e.g. ulcerative colitis) may be at risk of post-surgical PG.

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