Pyoderma gangrenosum (PG) is a recurrent, chronic inflammatory neutrophilic dermatosis. It is usually associated with an underlying systemic disease as inflammatory bowel disease or haematological malignancy. PG may occur anywhere on the body while it is classically described on the lower extremities [1]. A healthy 60-year-old Moroccan man has developed 2-years ago an erythematous vesiculo-pustular erosive, and sharply demarcated lesions on the glans penis. The patient denied extramarital sex during the preceding years. Further physical examinations were unremarkable. The lesions were unresponsive to topical antibiotics. The biopsy showed patterns of PG and tissue cultures were negative for bacteria, mycobacteria, and fungus infection. Full blood screening was normal. Our patient was treated with topical steroids. Four clinical variants of pyoderma gangrenosum have been described: ulcerative, bullous, vegetative, and pustular. Frequently, one form of PG is seen in a patient and up to 25% of patients recall a history of pathergy phenomenon [1]. The pustular form is a rare variant showing painful vesiculo-pustular lesions that don’t ulcerate and they are mostly described on the trunk and extensor extremities. Histopathology shows a dermal neutrophilic infiltrate and subcorneal neutrophilic micro pustules. It is commonly observed in patients with active colitis ulcerosa. Few cases were reported and were associated with hyperglycaemia and hyperlipidaemia. The diagnosis might be challenging as there is no specific histopathologic or immunofluorescent features and it is mainly based on clinical hallmarks, the association with systemic diseases and the exclusion of differential diagnosis. Topical tacrolimus therapy is effective and is recommended as a first-line modality. Surgical debridement is not recommended in the acute stage due to the risk of tissue progression [2].

Conflict of interests: None Disclosed.
Funding source: None.

References
