

NEUTROPHILIC MYOSITIS ASSOCIATED WITH PYODERMA GANGRENOSUM IN A BREAK-DANCER

by Hisashi Tamiya, Hiromi Kobayashi, Kaori Hoshi, Yui Horiguchi, Kurooka Sadahiro, Akiko Naruse, Shigeto Yanagihara, Daisuke Tsuruta

comment:

Ass. Prof. Małgorzata Sokołowska-Wojdyło

Department of Dermatology, Venereology and Allergology,

Medical University of Gdansk, Gdansk, Poland

E-mail: mwojd@gumed.edu.pl

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The article is extremely interesting because has touched on the problem of neutrophilic dermatoses.

Pyoderma gangrenosum has revealed as uncommon (ex. 1: 100000 person a year in United States), ulcerative cutaneous condition of uncertain etiology with known pathergic phenomenon. Slight female predominance is observed. The disease occurs mostly in 40-50 years of age. Patients with pyoderma gangrenosum may have involvement of other organ systems that manifests as sterile neutrophilic infiltrates: pulmonary infiltrates (the most common), the heart, the central nervous system, the gastrointestinal tract, the eyes, the liver, the spleen, the bones, and the lymph nodes. The cases with joint destructions were also described. The treatment procedures related to systemic involvements and the specific therapy is not really established. Anyway – surgery should be avoided, if possible, because of the mentioned pathergic phenomenon that may occur with surgical manipulation or grafting, resulting in wound enlargement.

The authors have described the man (27) with muscle involvement treated with success with methylprednisolone and skin graft and pedicle-based skin flap.

So – the patient is quite young for his illness. The muscle has been involved, what was observed only in coexistence with Crohn disease and arthritis [1], with leukaemia [2] or as the extraintestinal manifestation of colitis ulcerosa or celiakia (neutrophilic myositis without pyoderma gangrenosum) [3,4]. These diseases have not been found in the case.

Also the performed surgical procedure does not belong to the canon of therapeutic methods of the illness. It did not release the

pathergic phenomenon in this case, probably because of steroids treatment before the surgery (two months) and lack of triggering factor (the break-dance) during the treatment.

The question remains - was the muscle involved here by continuity due to the extent of the huge cutaneous lesion or was it separate, uninfluenced entity? In both cases – the patient have to be observed carefully (repeated blood tests, chest radiography, colonoscopy when any intestinal symptoms will appear) because of possible relapses and to diagnose in time the potentially developing systemic disease.

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