

Title: Pyoderma gangrenosa in post donor nephrectomy patient

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Introduction: First described by Brunsting et al in 1930. Pyoderma gangrenosa is an ulcerative disorder of unknown etiology, which is characterised by neutrophilic infiltration of deep dermis along with necrosis and ulceration of overlying epithelium. Association of pyoderma has been described with many conditions like, inflammatory bowel disease, lymphoma, autoimmune disorder as well drug associated. Although previously described due to bacterial infection but recent study shows that immune dysregulation and abnormal neutrophilic function is main pathogenesis of pyoderma gangrenosa. Pyoderma gangrenosa is very rare in renal transplant patient; here we describe a case report who presentation is typical of pyoderma gangrenosa both clinically and histopathologically.

Case Report: A 33 years old woman underwent a donor nephrectomy in March 2019. Three to four days after the surgical site closure she developed a small pustular lesion over the surgical site. General condition of the patient was stable, oriented to time, place and person. Her vitals, pulse and temperature were within normal limits. Investigation show increased in total leukocytes counts (24000/ microliter) with differential count within normal distribution. Platelets count was also within normal range. Her renal graft function was appearing to stable with urea and creatinine level of 22 mg/dl and 0.8 mg/dl respectively.

On muco-cutaneous examination, there was involvement of the left side of abdomen just over the surgical site mark. The lesion was in the form of well-defined deep ulcer with a necrotic slough

and bluish undermined edge and violaceous margin. There was surrounding induration. Significant tenderness was also present. No satellite lesion or pathergy noted. Histopathological examination shows stratified squamous epithelial lining with areas of ulceration and necrosis and neutrophilic exocytosis. The underlying dermis shows dense inflammatory cell infiltrate comprises of predominantly neutrophils. There is peri appendageal neutrophilic infiltration.

For this lesion, she received oral and IV antibiotic but did not respond. After that, she also underwent surgical debridement twice with a diagnosis of surgical site infection. After skin biopsy, she started with steroid and lesion improve with steroid treatment.

Conclusion: To conclude, pyoderma gangrenosa in post donor nephrectomy patient is very rare, with diagnosis confirmed by clinically and histopathologically and exclusion of other factor

Biography

Dr. Gyanendra Singh completed his MD Pathology from Institute of Medical Sciences, BHU, Varanasi India, which is one of the prestigious medical colleges in India. He also completed his three-year senior residency and one year fellowship. He completed his research in field of diabetes. He developed this approach based on his years of experience working in hospitals and educational institutions in research, evaluation, teaching, and administration.