

[PICTURES IN CLINICAL MEDICINE]

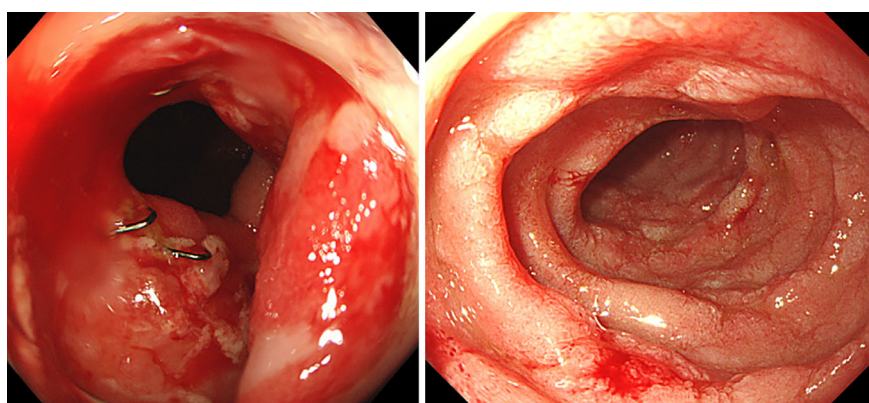
Pyostomatitis Vegetans and Pyoderma Gangrenosum after Total Colectomy

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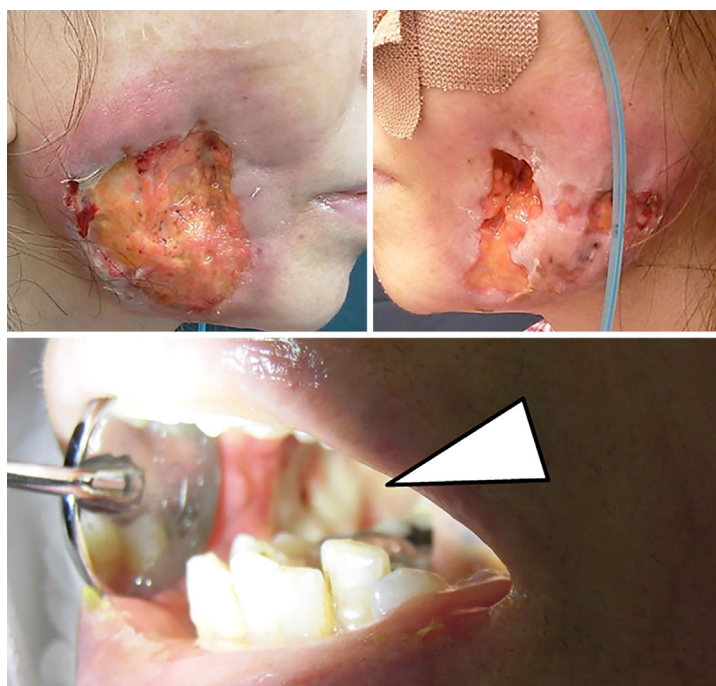
Key words: ulcerative colitis, pyostomatitis vegetans, pyoderma gangrenosum, total colectomy

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Picture 1.

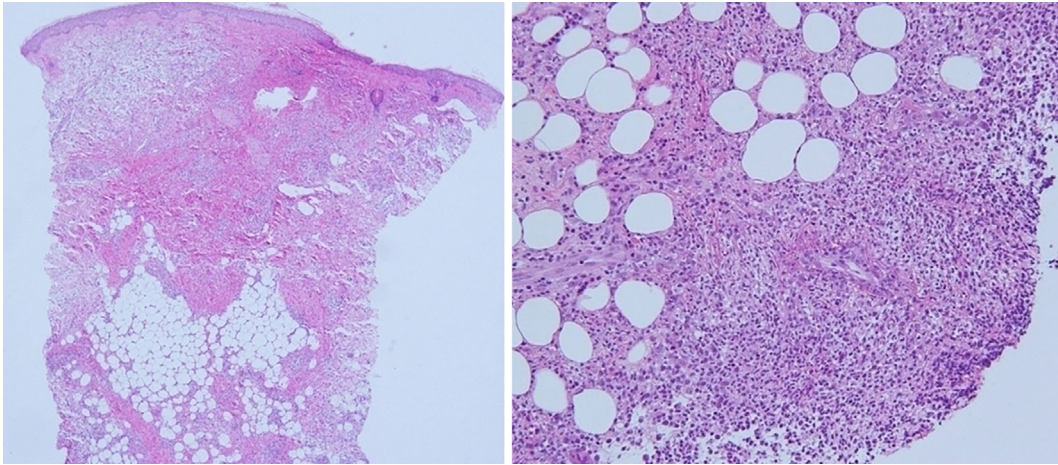


Picture 2.

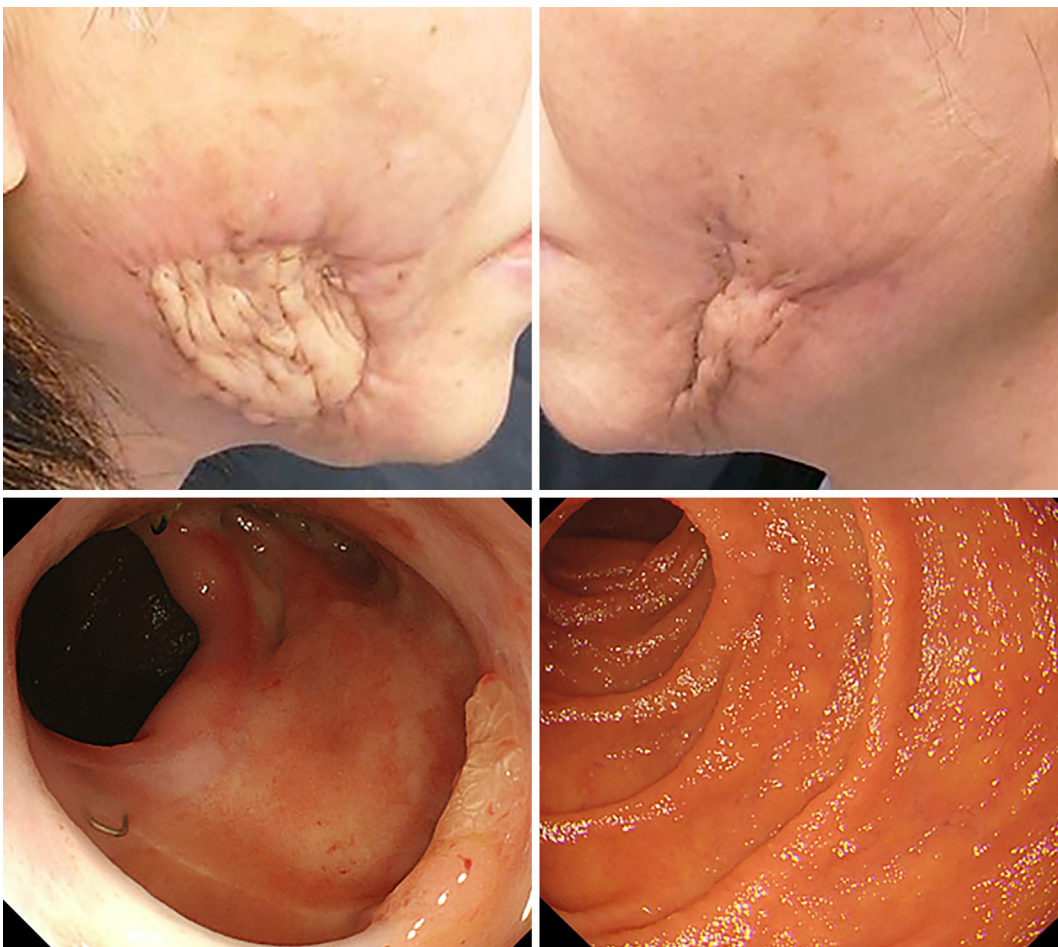
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Picture 3.



Picture 4.

A 67-year-old woman was hospitalized for exacerbation of cheek ulcers and recurrent stomatitis. She had been diagnosed with ulcerative colitis (UC) at 46 years old and undergone total colectomy 9 years later. At 66 years old, recurrent stomatitis and melena developed, and endoscopy revealed residual rectal mucosal inflammation and UC-like duodenal findings (Picture 1). Over several months of symptomatic treatment, ulcers appeared on both cheeks and perforated the

oral cavity (Picture 2, arrowhead). Pathological findings revealed neutrophil-dominant inflammation, consistent with pyoderma gangrenosum (PG) and pyostomatitis vegetans (PV; a rare subtype of PG) (Picture 3) (1). The patient had never been diagnosed with PG or PV before colectomy. All symptoms disappeared after administration of 20 mg of prednisolone daily, but maintenance treatment with golimumab was required (Picture 4). After long-term total UC re-

section, PG accompanied by PV or upper gastrointestinal lesions may occur on the cheek (2). Early immunosuppressive treatment, not antibiotics, should be given.

The authors state that they have no Conflict of Interest (COI).

References

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