



Letter to the Editor

## Superficial Granulomatous Pyoderma: A Case Report

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To the Editor,

A 62-year-old female presented with a 2-year history of repeated skin ethmoid ulcers with clean base began on the torso and limbs, and never exceed above the neck. She was treated with oral corticosteroid (0.3–0.4 mg/kg/day) without improvement for 6 months. Her depression was diagnosed in 2005 and renal tuberculosis was cured in 2008. The tissue biopsy from lower limb showed epidermal ulcer formation, reactive vascular proliferation in the superficial dermis, mixed inflammatory infiltration of neutrophils, lymphocytes, histiocytes and eosinophils in the upper dermis, endothelial cell swelling and fibrinoid necrosis (Figure 1A). She was diagnosed with superficial granulomatous pyoderma (SGP) based on the characteristics.

The symptoms were not improved after 10 days with oral methylprednisolone (0.4 mg/kg/day) regularly because of self-rubbing, the sand-like substance rubbed was considered to be the cause of her illness by herself (Figure 1B). Man-made stimulation was the main reason for the prolongation of the SGP. The gauze covered all the skin lesions, and hinted her that these were special treatment options. The SGP area healed better after 20 days, and more than 90% lesions were completely healed after 1 month follow-up. The timeline can reflect the progress of treatment (Figure 1C).

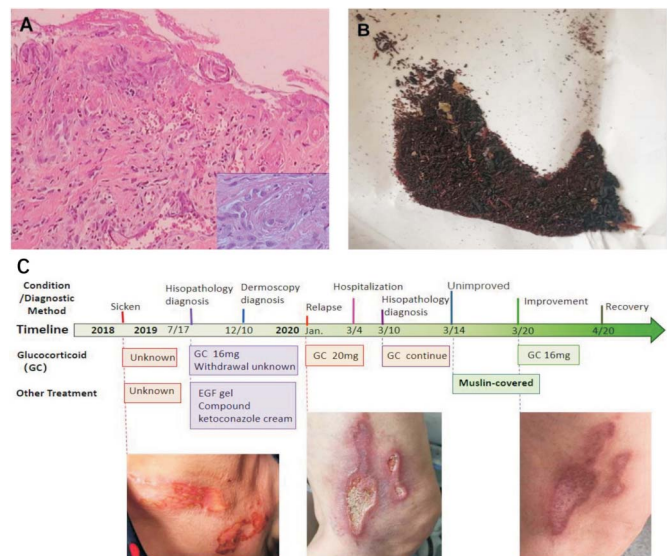
SGP had superficial ethmoid ulcer, clean bottom of ulcer, margin of granuloma, mild pain and good prognosis compared with Pyoderma gangrenosum (PG).<sup>1,2</sup> The foreign body sensation and repeated stimulation in the lesion area were consistent with the psychological state of patients with cognitive impairment of depression. This case reminded us that SGP dislike external stimuli. Debridement aggravated the symptoms of SGP due to misdiagnosis had been reported in 2018.<sup>3</sup> Irritant factors including surgery, debridement and

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**Figure 1.** (A) Epidermal ulcer formation, reactive vascular proliferation in the superficial dermis, mixed inflammatory infiltration of neutrophils, lymphocytes, histiocytes and eosinophils in the upper dermis, endothelial cell swelling and fibrinoid necrosis (H&E×100×400). (B) The sand-like substance rubbed by the patient. (C) The timeline of treatment progress.

rubbing should be carefully considered in the diagnosis and treatment of SGP.

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