

Patient Information Leaflet



Pyoderma Gangrenosum

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What is Pyoderma Gangrenosum?

Pyoderma gangrenosum (PG) is a rare, treatable skin disease. The name was given to the disease many years ago but the disease is not related to gangrene. PG is not “catching” and cannot be transferred from or to anyone by touching or in any other way.

What are the signs of Pyoderma Gangrenosum?

The way PG looks can vary with different people. Not everyone will have the same signs and symptoms as those mentioned below, but these are some of the most common ones:

- broken skin, which can ooze
- wounds/ulcers, which often increase rapidly
- discoloured wound edges (may look purplish)
- pain at the site of the ulcers (can be quite severe).

Causes of Pyoderma Gangrenosum

Sometimes other diseases may be associated with PG, such as inflammatory bowel disease (IBD) or arthritis. It is important to know that having PG does not mean that you have these diseases.

For about half of the people with PG there are no known reasons for it, but trauma to the area may be a cause. This may happen around a stoma, where an appliance has to be repeatedly applied and removed.

Tests for Pyoderma Gangrenosum

There is no definitive test for PG. The doctor or stoma care nurse with experience of PG may be able to diagnose PG by the ulcers appearance. A blood test or a biopsy (sample) may be taken from the ulcer/wound itself. These tests may help to exclude other problems and determine the most appropriate treatment.

Treatment for Pyoderma Gangrenosum

There are many different treatments that can be used to heal PG. These may include one or more from the list below:

- steroids (cream or tablets)
- treatment for a related disease such as IBD

- antibiotics, if there is also an infection (cream or tablets)
- surgery, such as drainage of sepsis (infection) or removal of diseased bowel

There is no need to avoid bathing/showering if you have PG. However, it is wise to avoid getting soaps, bubble baths etc on the area. Salts baths are not a good idea as they dry the skin.

It is important to realise that treatment may take some time to completely heal the broken skin. PG can occasionally be difficult to treat. More than one treatment may need to be tried before the right treatment is found. If after a few weeks of treatment, the PG gets worse or does not improve, you should go to see your doctor or stoma care nurse again. Usually, once the treatment begins to work, symptoms, such as pain, quickly improve. Until then, you may need to take some painkillers.

PG can recur after treatment. Prevention of PG is difficult because the causes are not fully understood. If you think that the PG has recurred, see a doctor quickly, so that treatment may be given sooner. Often the same treatment will work for you again.

If the PG is around your stoma, please contact your stoma care nurse for advice.

If you have any queries about PG, please contact your doctor or stoma care nurse.

Contact details:

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Stoma Care Department - 020 8235 4110

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