

Pyoderma gangrenosum is no longer a diagnosis of exclusion

Dear Editors,

We have read the original article written by Alonso-Leon et al. with great interest.¹ Already the title of the paper gives the impression that a pyoderma gangrenosum cannot be diagnosed correctly and that it is, therefore, a diagnosis of exclusion (Abstract "... is usually obtained from exclusion"). This view is unfortunately still found in many textbooks, but in my opinion, is no longer correct today.

The authors have already briefly reported on the diagnostic scores of Su et al² and Maverakis et al.³ Unfortunately, the validated PARACELsus score (Table 1) is not mentioned here.⁴ In the current publication of the original investigation by Haag et al, the three current scores were examined independently of each other.⁵ It was found that 89% of the patients could be correctly diagnosed with the PARACELsus score; with the scores of Su et al. and Maverakis et al at least 74% of the patients

could be diagnosed. These results are relatively specific compared with other diagnoses in the field of wound healing, although not 100%.

As the authors correctly point out, there are many patients with clinical differential diagnoses who should receive a usually completely different therapy. In this respect, it is very important to confirm the diagnosis as good as possible before systemic immunosuppression is initiated in patients suspected of having pyoderma gangrenosum. The PARACELsus score in particular offers healthcare professionals today a good diagnostic tool that can be used easily and quickly in everyday clinical practice.

In summary, it can be stated that the diagnosis of pyoderma gangrenosum today should no longer be made as a diagnosis of exclusion, but on the basis of a validated score.

DATA AVAILABILITY STATEMENT

Data available on request from the authors

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Letter to the Editors about the article "The great imitator with no diagnostic test: pyoderma gangrenosum" by Alonso-Leon published in *Int Wound J* in press doi: 10.1111/iwj.13466.

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TABLE 1 PARACELsus score for the diagnosis of pyoderma gangrenosum

Major criteria (3 points)
Progressive course of disease
Absence of relevant differential diagnoses
Reddish-violaceous wound border
Minor criteria (2 points)
Amelioration due to immunosuppressant
Characteristically bizarre ulcer shape
Extreme pain
Localised pathergy phenomenon
Additional criteria (1 point)
Suppurative inflammation in histopathology
Undermined wound border
Systemic disease associated

Note: Evaluation: Score ≥ 10 points = PG highly likely; < 10 points PG unlikely.

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REFERENCES

1. Alonso-Leon T, Hernandez-Ramirez HH, Fonte-Avalos V, Toussaint-Caire S, Vega-Memije ME, Lozano-Platonoff A. The great imitator with no diagnostic test: pyoderma gangrenosum. *Int Wound J*. in press. <https://doi.org/10.1111/iwj.13466>.
2. Su WPD, Davis MDP, Weenig RH, Powell FC, Perry HO. Pyoderma gangrenosum: clinicopathologic correlation and proposed diagnostic criteria. *Int J Dermatol*. 2004;43(11):790-800.
3. Maverakis E, Ma C, Shinkai K, et al. Diagnostic criteria of ulcerative pyoderma gangrenosum: a delphi consensus of international experts. *JAMA Dermatol*. 2018;154(4):461-466.
4. Jockenhöfer F, Wollina U, Salva KA, Benson S, Dissemond J. The PARACELSUS score: a novel diagnostic tool for pyoderma gangrenosum. *Br J Dermatol*. 2019;180(3):615-620.
5. Haag C, Hansen T, Hajar T, et al. Comparison of three diagnostic frameworks for pyoderma gangrenosum. *J Invest Dermatol*. in press. <https://doi.org/10.1016/j.jid.2020.04.019>.