

## Chronic superficial ulcers on the trunk



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**Key words:** chronic ulcer; pyoderma gangrenosum; superficial granulomatous pyoderma.



### CASE

A 62-year-old man presented with several painful superficial ulcers on the trunk that began to expand slowly 1 year after inguinal hernia surgery. Physical examination demonstrated 5 ulcerative plaques on a violaceous base with overlying crust (Figs 1 and 2). A punch biopsy was performed, and tissue bacterial, fungal, and acid-fast bacilli cultures demonstrated no growth.

### Question 1: Which of the following is the best diagnosis?

- A. Superficial granulomatous pyoderma (SGP)
- B. Ecthyma
- C. Blastomycosis-like pyoderma
- D. Chromomycosis

E. Factitious ulcer

### Answer:

**A.** SGP — Correct. SGP is an uncommon variant of pyoderma gangrenosum (PG) characterized by slowly progressive superficial ulcers with vegetative margins and a clean granulating base. Unlike classic PG, SGP most commonly occurs on the

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trunk and is not significantly associated with systemic conditions.<sup>1</sup>

**B.** Ecthyma — Incorrect. Ecthyma is a deep, ulcerative version of impetigo that is characterized by punched-out ulcers, most commonly observed on the lower extremities. The most commonly implicated bacteria include *Streptococcus pyogenes* and *Staphylococcus aureus*.

**C.** Blastomycosis-like pyoderma — Incorrect. Blastomycosis-like pyoderma is characterized by large verrucous plaques with pustules and an elevated border and is most commonly observed on the distal extremities.

**D.** Chromomycosis — Incorrect. Chromomycosis most often presents as a solitary verrucous nodule or plaque on an acral anatomic site.

**E.** Factitious ulcer — Incorrect. Factitious ulcers often demonstrate irregular or geographic borders and are induced by patients who assume the sick role without secondary gain.

**Question 2: What is the most common anatomic site observed in this disorder?**

- A.** Trunk
- B.** Extremities
- C.** Face
- D.** Anogenital region
- E.** Head and neck

**Answer:**

**A.** Trunk — Correct. SGP most commonly occurs on the trunk. Disseminated disease affects multiple anatomic sites.<sup>1</sup>

**B.** Extremities — Incorrect. Classic ulcerative PG typically affects the lower extremities.

**C.** Face — Incorrect. While SGP is rarely reported on the face, this is not the most common anatomic site. SGP on the face appears to be refractory to topical and systemic corticosteroids.<sup>2</sup>

**D.** Anogenital region — Incorrect. The anogenital region is rarely described in SGP.<sup>3</sup>

**E.** Hands and neck — Incorrect. This is not a typical location for SGP.

**Question 3: Which of the following descriptions reflects the histopathologic findings in this disorder?**

**A.** Necrotic epidermis, ulcer, and sparse inflammation

**B.** Pigmented yeast with internal transverse septae

**C.** Ulceration with dense neutrophilic infiltrate and dermal necrosis

**D.** Layered suppurative granuloma with necrosis and suppuration surrounded by histiocytes and plasma cells, along with overlying epidermal hyperplasia

**E.** Pseudoepitheliomatous hyperplasia with neutrophilic abscesses and scar-like fibrosis

**Answer:**

**A.** Necrotic epidermis, ulcer, and sparse inflammation — Incorrect. These are nonspecific findings typically observed in factitious ulcer.

**B.** Pigmented yeast with internal transverse septae — Incorrect. Medlar or sclerotic bodies undergo binary fission and are characteristic of chromomycosis.

**C.** Ulceration with dense neutrophilic infiltrate and dermal necrosis — Incorrect. This describes findings present in classic ulcerative PG, which lacks the layered suppurative granuloma typical of SGP.<sup>1-4</sup>

**D.** Layered suppurative granuloma with necrosis and suppuration surrounded by histiocytes and plasma cells, along with overlying epidermal hyperplasia — Correct. While nonspecific, these findings are consistent in SGP.<sup>1-4</sup>

**E.** Pseudoepitheliomatous hyperplasia with neutrophilic abscesses and scar-like fibrosis — Incorrect. Blastomycosis-like pyoderma demonstrates these features; isolation of a pathogenic organism such as *Staphylococcus aureus* is required for diagnosis.

**Abbreviations used:**

PG: pyoderma gangrenosum

SGP: superficial granulomatous pyoderma

**Conflicts of interest**

None disclosed.

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