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# The Case of GS: Isolated Pyoderma Gangrenosum of the Labia and Vagina

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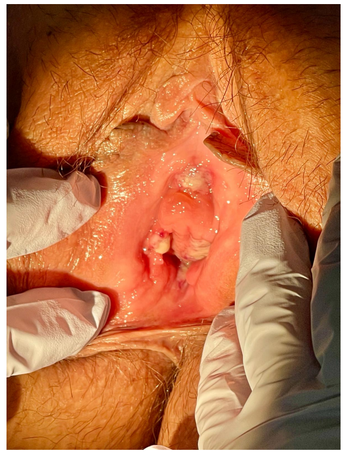
## Background

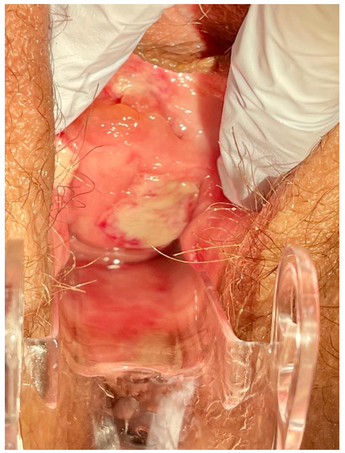
Pyoderma Gangrenosum (PG) is as an inflammatory and non-infective chronic neutrophilic dermatosis[1]. Clinically it presents as aseptic ulcerations of the skin, most typically distributed on the skin of the lower limbs and is usually associated with underlying systemic disease such as inflammatory bowel disease. Subtypes of PG such as isolated genital ulcers are uncommon[1]. PG is a diagnosis of clinical and histopathological exclusion.

## Aims

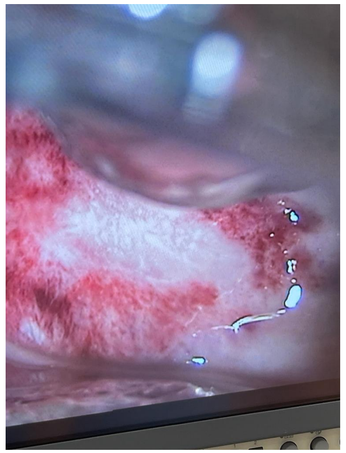
Outline a rare case of recurrent labial and vaginal pyoderma gangrenosum with no underlying systemic disease.



*Ulcers involving the urethral meatus, vestibule and introitus*



*Ulcers involving the anterior vaginal wall*



*Characteristic purple base to ulcers on high vaginal wall when viewed with colposcope*

## Case

GS, 32 year old female presented to the emergency department with fevers and relatively painless well defined vaginal ulcers with overlying necrotic slough. She was otherwise well with no significant past medical history. GS underwent EUA which demonstrated extensive vulval and vaginal ulceration, cervix sparing.

Vulval biopsy demonstrated a non-specific ulcer associated with intradermal inflammatory changes and abscess formation. HSV swabs returned negative and necrotising fasciitis was excluded clinically. Images were reviewed by dermatology and the impression was that of PG. The ulcers were successfully rapidly treated with a course of prednisone. On second presentation two years later, GS again presented febrile with multiple 5mm purple-based ulcerations on labial and vaginal mucosa. Screening for underlying systemic disease were negative.

## Results

Photos were again reviewed by dermatology and deemed consistent with PG. Once again GS improved clinically with a weaning course of prednisone.

## Discussion

This case highlights an interesting case of isolated vulval pyoderma gangrenosum. It remains a rare but important differential diagnosis of exclusion for genital ulcers.

### References

1. Braswell SF, Kostopoulos TC, Ortega-Loayza AG. Pathophysiology of pyoderma gangrenosum (PG): An updated review. J Am Acad Dermatol. 2015;73:691–8.