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Research Article

**PENILE PYODERMA GANGRENOUS PATIENT MANAGED
THROUGH CYCLOSPORINE AT SIR GANGA RAM
HOSPITAL, LAHORE**¹Dr Rabia Ghulam Sakeena, ²Dr Hira Noor Ahmad, ³Farman Ullah Khan¹BHU 1/10L, WMO, ²BHU 83/12 L, ³BHU Sandanwala, Piplan, Mianwali**Article Received:** December 2018**Accepted:** February 2019**Published:** March 2019**Abstract:**

The unfrequently operation called pyoderma gangrenous (PG) of the pains can be very dangerous. The people having a systemic disease like leukaemia, Behcet syndrome, active chronic hepatitis, paraproteinemia, polyarthritis, myeloma and diver ti culosis are mostly noticed with pyoderma gangrenosum. The penis can be protected from long lasting damage through time diagnosis and productive treatment. The social life of the patients can also be protected through it. In this report, a case is presented with related indication of Pyoderma gangrenosum of the penis. It resulted in incomplete injury. Cyclosporine was used for treatment which was effective.

Keywords: *Pyoderma Gangrenous and Cyclosporine.***Corresponding author:****Dr. Rabia Ghulam Sakeena,**
BHU 1/10L, WMO.

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INTRODUCTION:

Pyoderma gangrenosum is unfrequently occurring disorder of the skin. It is inflammatory and does not cause infection. Heavy neutrophilic infiltration is used to distinguish this order [1]. An undefined shape ulcer is present which is wet spongy. The base of the ulcer is purulent necrotic that cause pain. Its edge is undefined and is raised. Abdomen, buttocks and face are influenced by it but most commonly influenced region are lower extremities [1]. Moreover, the cases regarding penile PG have been found less. It is a disease that arises from internal die function and is of unknown reason; however, its immunological irregularities have been indicated [2]. The systemic disorder is found in fifty percent of the patients. These disorders include leukaemia, Beh cat syndrome, myeloma, diverticulosis, inflammatory bowel disorders, hepatitis, polyarthritis, active chronic hepatitis and paraproteinaemia [1]. Following are the four forms of pyoderma gangrenosum; pustular, superficial ulcerative and bullous [3]. Many other choices like immunosuppressant medication, aminosalicylate and very new, the drugs that block tumours necrosis factor [1]. Usually, it is hard to cure pyoderma gangrenosum and its treatment offers many challenges. This research study is about a case with penile pyoderma gangrenosum. Cyclosporine was used for treatment which was successful.

CASE HISTORY:

This research study was about a male who was 26-year old at Sir Ganga Ram Hospital, Lahore (September 2017 to July 2018). For a few days, he was suffering from a number of small ulcers over the tip and shape of his penis that causes pain. Beside this, the patients were physically fit. Patients used topical creams before attending the physicians, it does not prove beneficial. Then, he was attended by a dermatologist. He gave oral antibiotics for 14 days. But it did not work and the condition of patients become worse. He was with the defaced edge of the penis with the larger ulcer. Swab culture was carried out. Retarded growth of Staphylococcus epidermis was observed in this culture which was done to avoid infectious causes. Furthermore, from the penile skin, a punch biopsy was taken. Epidermal and dermal loss with necrotic debris was the identification of biopsy, there observed many plasma cells extensive dermal inflammatory infiltrates predominantly lymphocytes and few neutrophils. After baseline, cyclosporine was started. The amount of cyclosporine was started. The amount of cyclosporine was 30mg. within fourteen days' improvement was observed. All the damages were recovered fully after 60 days. Then the dose was limited to 100mg. then the treatment was ended. The patients observed the presence of a few papules. Due to this, cyclosporine was retarded at 100mg every day for three months. One or two papules were noticed when cyclosporine became for more than a week. For the printing the report an agreement was signed from the patients.





DISCUSSION:

The cases of penile PG that have been studied so far are below 25. Pyoderma gangrenosum is an idiopathic disorder of the skin that is very dangerous and infrequently. As compared to the latter, it is more usual in the former. Buttocks, face, abdomen and lower extremities are usually influenced by PG. An ulcer that is advancing indicates the presence of PG [1]. There might be difficulties in the identification of PG. It is due to the reason that vasculitis, insect bites, venous or arterial insufficiency, ligancy and infectious are noticed in other disorders as well [4]. For avoiding long-lasting injury to the penis, it is necessary to identify and treat it early. The disorder was not identified earlier in our study. The disorder was not identified earlier in our study. The reasons for delayed identification were not obvious. Biopsy from the penis might be challenging for some patients. So, the biopsy could be avoided and cyclosporine can be employed for trial treatment. It is safe to use cyclosporine with a short course. Cyclosporine is extensively used in children with atopic dermatitis and other disorder and this indicates its safely which is easily observable [5]. If the patients of PG observed [5]. If the patients is not willing for biopsy we suggested the use of cyclosporine for a few weeks. In our case for the purpose of complete recovery, less quantity of cyclosporine 100mg was given to the patients a few three months. For about 6 months, it is necessary to observe the patients after complete recovery. This would help in checking the reactivation of PG. Sweet syndrome would be a possible differential diagnosis. It is also possible to carry out small vessel vasculitis. It involves less blood vessel vasculitis. It involves less blood vessel and mixed inflammatory infiltrates is also absent. On the clinical basic, both disorders are not similar. For treatment, cyclosporine and corticosteroids are taken as a criterion [4]. Thalidomide, colchicine, dapsone and tacrolimus are some other choices that are used for treatment [6 – 9].

In the treatment of penile PG, cyclosporine along with corticosteroids is proved effective and its effective men was first reported by Georgia et al [10]. In our study, cyclosporine was proved very sensitive for treatment without any side effects. For long-lasting use, hypertension, neurotoxicity and rep toxicity might be developed [11].

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