

# Diagnosing Pyoderma Gangrenosum

## (Diagnosis of exclusion)

### Major criterion:

1) Biopsy of ulcer edge demonstrating a *neutrophilic* infiltrate

### Minor criteria:

1) Exclusion of infection

2) Pathergy

3) Personal history of inflammatory bowel disease or inflammatory arthritis

4) History of papule, pustule, or vesicle that rapidly ulcerated

5) Peripheral erythema, undermining border, and tenderness at the site of ulceration

6) Multiple ulcerations (at least one occurring on an anterior lower leg)

7) Cribriform or "wrinkled paper" scar(s) at sites of healed ulcers

8) Decrease in ulcer size within one month of initiating immunosuppressive medications

**\*At least the major criterion and four minor criteria are necessary for diagnosis**



#### Specimen

A. R anterior lower leg wound center; B. R anterior lower leg wound rim; C. R anterior lower leg periwound

#### Diagnosis

A. Right anterior lower leg wound center:  
Acute inflammatory exudate consistent with ulcer.  
No evidence for tumor seen.

B. Right anterior lower leg wound rim:  
Skin with ulceration, acute inflammation and vessels with neutrophils and fibrinoid degeneration (see comment).  
No evidence for tumor seen.  
Special stain for fungus (GMS) is negative.

C. R anterior lower leg periwound for immunofluorescence (Consolidated Pathology Consultants, Libertyville, IL (CPC16-63222, 9/8/116):  
IgG: Negative.  
IgM: Negative  
IgA: Negative  
C3: Negative  
Fibrinogen: Non specific patchy staining in papillary dermis.  
Interpretation: Negative direct immunofluorescence study for vasculitis.

1. Maverakis E, Ma C, Shinkai K, et al. Diagnostic Criteria of Ulcerative Pyoderma Gangrenosum: A Delphi Consensus of International Experts. JAMA Dermatol 2018; 154:461.