REFERENCES

Pyoderma gangrenosum Treated with Clofazimine:
Clinical Evaluation of 7 Cases
IDA RASMUSSEN
Department of Dermatology, Marselisborg Hospital, DK-8000 Aarhus C, Denmark


Seven patients with pyoderma gangrenosum have been treated with clofazimine. In contrast to the beneficial effect described in other articles only one healed. (Received March 27, 1983.)

I. Rasmussen. Department of Dermatology, University of Aarhus, Marselisborg Hospital, DK-8000 Aarhus C, Denmark.

Clofazimine (Lamprene®) is a substituted iminophenazine dye widely used as an antileprosy drug. Several investigations have been published concerning the clinical effect of clofazimine in the treatment of pyoderma gangrenosum (1, 2, 3, 4). Most of these studies present rather convincing results with respect to healing of the ulcers.

MATERIAL AND METHODS
During 1978-82 7 patients with pyoderma gangrenosum and a duration of the disease for 2-36 months were treated with 2-300 mg clofazimine daily for 2-16 months. The patients were between 30 and 87 years old, 4 females and 3 males. This study is a retrospective clinical evaluation.

RESULTS
The results are presented in Table I. In patient 3 a regression of symptoms and clinical signs occurred during treatment with clofazimine. In the other 6 patients the effect of treatment was disappointing. In the present study we found that two patients with
Table I. Clinical results and side-effects in 7 patients with pyoderma gangrenosum treated with clofazimine

R.E. = regional enteritis, C.U. = colitis ulcerosa. P. = paraproteinemia

<table>
<thead>
<tr>
<th>Pt. no.</th>
<th>Sex</th>
<th>Age (y.)</th>
<th>Duration before treatment (months)</th>
<th>Concurrent diseases</th>
<th>Clofazimine dosage (mg daily)</th>
<th>Duration of treatment (months)</th>
<th>Results</th>
<th>Side-effects</th>
<th>Prednisone added</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>f</td>
<td>87</td>
<td>3</td>
<td></td>
<td>300</td>
<td>4</td>
<td>Poor*</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>m</td>
<td>74</td>
<td>36</td>
<td></td>
<td>300</td>
<td>6</td>
<td>Poor*</td>
<td>Diarrhoea</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>m</td>
<td>71</td>
<td>24</td>
<td>R.E.</td>
<td>200</td>
<td>12</td>
<td>Good</td>
<td>Redness</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>m</td>
<td>59</td>
<td>5</td>
<td>P.</td>
<td>300</td>
<td>1½</td>
<td>Poor*</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>f</td>
<td>42</td>
<td>3</td>
<td>C.U.</td>
<td>300</td>
<td>2</td>
<td>Poor</td>
<td>Redness, Diarrhoea</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>f</td>
<td>41</td>
<td>3</td>
<td></td>
<td>300</td>
<td>5½</td>
<td>Poor*</td>
<td>Redness, None</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>f</td>
<td>30</td>
<td>2</td>
<td>C.U.</td>
<td>300</td>
<td>15½</td>
<td>Poor*</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

* Initial tendency to healing followed by relapse or new ulcers.

accompanying gastrointestinal diseases remained without occurrence of new ulcers after intestinal surgery was performed.

DISCUSSION

The precise mode of action of clofazimine is not yet fully known. Brandt et al. (1) described a case with pyoderma gangrenosum and regional enteritis, and they were able to demonstrate impairment in oxygen consumption in neutrophils under phagocytosis using a highly sensitive phagocytic capacity test. Following clofazimine administration healing of the ulcers occurred and the oxygen consumption normalized.

In the present retrospective clinical evaluation the only patient that remained in remission had the same combination of pyoderma gangrenosum and regional enteritis.

Although no severe side effects appeared after clofazimine treatment, for most patients the healing time was increased probably due to the trial. On prednisone treatment all patients subsequently healed. Although the results of treatment with clofazimine in these patients with pyoderma gangrenosum were negative in six out of seven and thus in contrast to other studies, further investigations seem necessary to evaluate the effect of clofazimine in the treatment of pyoderma gangrenosum.

ACKNOWLEDGEMENT

I thank Ms Lene Lyck Poulsen for her secretarial assistance.

REFERENCES