

Pyoderma gangrenosum after cardiac surgery

Hashem Aliter¹ and Idris Ali²

¹Dalhousie University

²Affiliation not available

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Abstract

Pyoderma Gangrenosum could mimic early postoperative sternal wound infection. Steroids therapy is the only method of treatment recognizing the fact that steroids can lead to immunosuppression and inhibits healing after major surgery.



A 75 year old male patient with known past medical history diabetes and hypertension presented to the emergency room with retrosternal chest pain and was diagnosed with NSTEMI. His cardiac catheterization confirmed 2 Vessel coronary artery disease. He was accepted for open Heart surgery and underwent CABG-2 with no intraoperative complications.

On the 4th postoperative day, the patient spiked fever 38.5c therefore, full septic work-up was performed. It was noted that the patient had inflammation around his sternotomy incision, consistent with cellulitis. He was then started on broad spectrum antibiotics. Next day he had superficial skin necrosis picture(Figure1A), patient Had aggressive debridement in the anterior chest wall and the sternal wires were removed(Figure 1B). Skin biopsy was taken during the procedure and came back positive for Pyoderma Gangrenosum(PG). Steroids were initiated and 2 weeks later the patient went for sternal plating and bilateral pectoralis muscle flaps and VAC dressing (Figure 1C).

Patient was discharged home 3 months after the initial surgery with 3 times weekly VAC dressing change. We had close follow up with him and can confirm that complete healing was achieved 2 months after discharge from Hospital (Figure1D).

We would like to show an image of a rare case of PG post coronary artery bypass surgery.

PG is very rare, inflammatory skin disease that rarely complicates postoperative course after open heart surgery¹.

PG could mimic early postoperative sternal wound infection. Steroids therapy is the only method of treatment recognizing the fact that steroids can lead to immunosuppression and inhibits healing after major surgery.

Reference:

1- Richard P. Rand, John E. Olerud, and Edward D. Verier, Pyoderma Gangrenosum After Coronary Artery Bypass Grafting *Ann Thorac Surg* 1993; 55 : 1016.

Figure 1A-picture of sternal wound infection.

1B-Post anterior chest wall debridement.

1C-post sternal plating and muscle flap.

1-D complete healing.

