A 61-year-old woman had been suffering from pyoderma gangrenosum (PG). Antibiotics and topical steroids were not effective. Following a referral to our hospital, an examination confirmed IgA κ-type myeloma. The lesions extended to the extremities and buttocks (Picture A). The pathology of the ulcers revealed many neutrophils infiltrating the dermis, without plasma cell tumors or amyloidosis, compatible with PG. Combination therapy including bortezomib and dexamethasone was started. Soon thereafter, the PG improved completely (Picture B). The frequency of PG in cases of myeloma is low, and it is not well known whether novel drugs are effective. Previous papers have reported the usefulness of thalidomide (1). However, the occurrence of PG in a myeloma patient responding to lenalidomide was recently documented (2). Therefore, the effectiveness of this treatment is still controversial. We herein report a case in which a good response was obtained in a PG patient with myeloma using a bortezomib-including regimen.

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References