Low-dose sulfasalazine in a case of pyodermatitis-pyostomatitis vegetans

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THERAPEUTIC CHALLENGE

Pyodermatitis-pyostomatitis vegetans (PD-PSV) is a chronic pustular and vegetating mucocutaneous dermatosis. Long-term treatment with corticorsteroids is not recommended, especially for mild and moderate cases, because of side effects from chronic use. Dapsone represents a beneficial treatment option for PD-PSV; however, it has become an orphan drug in China.[1]

SOLUTION

Sulfasalazine is an azo-bonded combination of 5-aminosalicylic acid and sulfapyridine. Similar to dapsone, sulfapyridine relies on its aromatic amine functional group to exert its clinical effects.[2] We present a clinical case of refractory PD-PSV supporting its efficacy for patients with refractary PD-PSV. A 25-year-old man with a 6-year history of ulcerated, vesiculopustular lesions on the oral mucosa, groin, and penis responded to treatment with oral prednisone (25-40 mg/day), but the condition flared when the drug was tapered. The patient had no history of gastrointestinal symptoms. Therapy with oral sulfasalazine (500 mg/day) was initiated (Fig 1), and the lesions resolved within 3 weeks; after

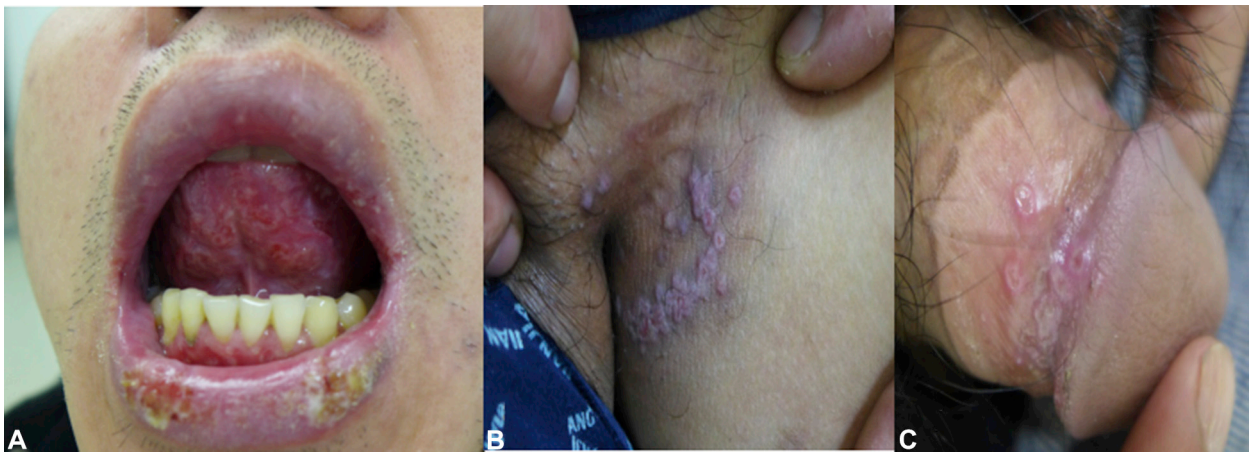

Fig 1. A, Photograph showing shallow erosions in labium, gingiva, and tongue. **B-C**, Photographs showing grouped vesiculopustules on an erythematous base involving the left groin (**B**) and penis (**C**).

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3 months, treatment was reduced to 250 mg/day (Fig 2). The rash did not recur during 2 years of follow-up. In our experience, low-dose sulfasalazine is a safe and valuable treatment for PD-PSV, especially for mild and moderate cases.

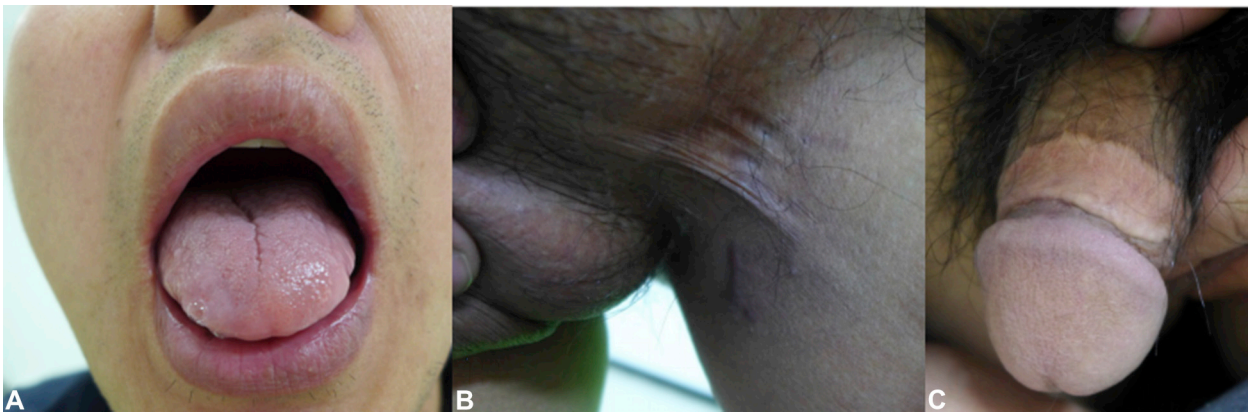

Fig 2. Photographs showing lesions of mouth (**A**), groin (**B**), and penis (**C**) healed after introduction of sulfasalazine.

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