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Tofacitinib, a useful option for the treatment of pyoderma gangrenosum in an ulcerative colitis patient

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Dear Editor,

Pyoderma gangrenosum (PG) is a difficult-to-manage ulcero-necrotizing dermatosis associated with inflammatory bowel disease (IBD) (1). In this article, we report a refractory PG in a patient with severe ulcerative colitis (UC) that responded to tofacitinib 10 mg/12 h.

The case was a 69-year-old female diagnosed in 2013, who was refractory to mesalazine, azathioprine, and infliximab. In 2019 she responded to cyclosporine and vedolizumab. In May 2020, she presented with arthralgias and three skin pustular ulcerative lesions. The larger one was located in her left knee and was 4 x 5 cm in size. The other lesions measured 2 x 2 cm, and were located in her left ankle (Fig. 1) and perianal region. The suspected diagnosis of PG was histologically confirmed. Prednisone 1 mg/kg was prescribed, without clinical response. She also presented diarrhea and rectal bleeding with serum hemoglobin of 10.5 mg/dL, 2 x 10^9 leukocytes/L, PCR of 293 mg/L, hypoalbuminemia, and fecal calprotectin at 6.377

mg/kg. Tofacitinib 10 mg/12 h was started after a rectosigmoidoscopy that confirmed severe affectation and excluded cytomegalovirus infection. Digestive symptoms and arthralgias subsided in two weeks, and pyoderma lesions progressively improved and finally disappeared after a month (Fig. 1). She only developed arterial hypertension as an adverse effect. She gave her informed consent to publish this article.

There are three publications where tofacitinib was used to treat PG associated with Crohn's disease refractory to different therapies (golimumab and cyclosporine, ustekinumab, and vedolizumab). Complete remission of the lesions was achieved in twelve weeks in all cases (2). There is one reported case of PG associated with refractory UC that finally responded to tofacitinib and infliximab (3).

Tofacitinib has proven to be an effective treatment for refractory UC (4). Although its effectiveness for extraintestinal manifestations has not yet been evaluated, this clinical case is an indicator of its potential role in the treatment of PG associated with UC.

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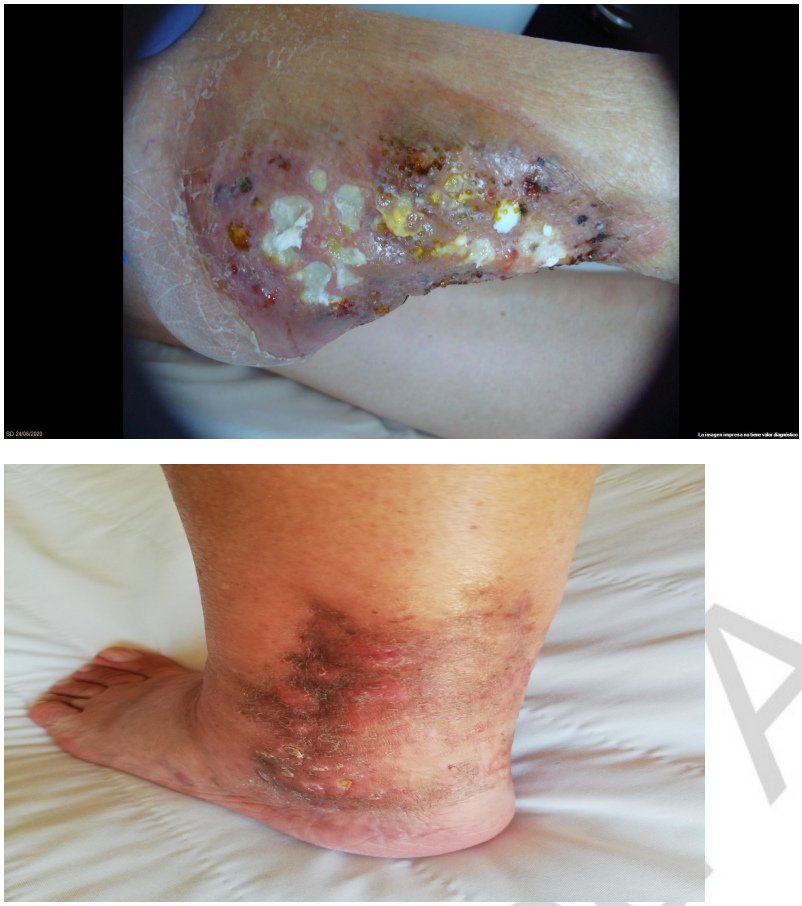

Fig. 1. Pyoderma lesion before and after treatment with tofacitinib.