Infliximab for treatment of pyoderma gangrenosum

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Dear Editor,

We read with interest the article by Bakelants and colleagues on the diagnosis and treatment of pyoderma gangrenosum.¹ In the last part of their discussion, they mentioned a single dose of infliximab as one of the novel treatments of pyoderma gangrenosum. This treatment is noticeable as tumour necrosis factor is one of the important mechanisms in the pathogenesis of this skin disorder.²

As treatment of this disorder is sometimes very difficult with a high rate of recurrence and slow healing, we would like to emphasise that although a single dose of infliximab may have a beneficial effect in nearly 50% of cases, complete remission only occurs in 21% of cases after two doses of influsion of infliximab.³ Many patients need to continue the drug intermittently to attain complete healing.⁴

In our own experience with infliximab in the treatment of pyoderma gangrenosum associated with inflammatory bowel disease, especially in cases with extensive disease, we had to continue the drug for up to two years to achieve complete remission. This drug has promising results if used in an appropriate dose, for an appropriate time and with the appropriate precautions.⁵ Otherwise the failure rate would be high. The duration of treatment needs to be individualised based on the extent of the pyoderma gangrenosum and the response rate. Even with an initial response, the drug might need to be continued to prevent recurrence which has a high rate.

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