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Post-Caesarean pyoderma gangrenosum: a case of "pseudo-sepsis" differentiated by negative ultrasonography

Gulizar Ekin, Yilmaz Cetin

Introduction

Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis triggered by surgical trauma, and can mimic necrotising fasciitis after Caesarean section.

Case Presentation

A 31-year-old (G5A4) underwent emergency C/S at 24 weeks' gestation. Chorioamnionitis was the indication; she had prior biopsy-confirmed PG and postoperatively developed fever, tachycardia and CRP peaking at 381 mg/L.

Management & Outcome

By day five, the incision showed ulcerated lesions with violaceous, undermined borders. Repeated bedside ultrasound showed no abscess, fluid collection or fascial thickening, and all cultures were sterile. Recurrent PG was diagnosed; systemic corticosteroids produced rapid stabilisation and wound healing within 72 hours.

Key Findings

Severe systemic inflammation with normal ultrasonographic findings was the key diagnostic clue.

Discussion

Ultrasound helped differentiate an autoimmune mimic from a surgical emergency. This distinction prevented unnecessary debridement in a high-risk postpartum patient.

Conclusion

Ultrasound is essential to differentiate autoimmune mimics from surgical emergencies, preventing unnecessary operative intervention in high-risk patients.



Figure 1. Extensive ulceration with characteristic violaceous, undermined borders.



Figure 2. Fibrotic scar formation following a previous breast PG lesion.