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Dermatology

Hemorrhagic Bullous Pyoderma Gangrenosum of the Palm in a Female Patient

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Abstract **Case Report**

This case report describes a 68-year-old woman presenting with fever and painful, hemorrhagic blisters localized to her palms and hands. Histopathological examination confirmed bullous pyoderma gangrenosum (PG), a rare neutrophilic dermatosis characterized by subepithelial bullae and dense neutrophilic infiltration. While bullous PG is frequently associated with underlying hematological malignancies, this patient responded rapidly to systemic corticosteroid therapy within 48 hours. This case emphasizes the clinical recognition of an extremely rare PG variant and the necessity of prompt immunosuppressive treatment to prevent further tissue destruction.

Keywords: Bullous pyoderma gangrenosum, neutrophilic dermatosis, hemorrhagic blisters, corticosteroids, case report.

INTRODUCTION

Pyoderma gangrenosum (PG) is a rare idiopathic neutrophilic dermatosis, typically presenting as one or more deep, painful, inflammatory ulcers that spread rapidly and have a chronic course. There are several clinical forms, including bullous PG, which is extremely rare and presents as painful inflammatory blisters that rapidly give way to superficial ulcerations [1]. We report a case of bullous PG localised on the palms of the hands.

CASE REPORT

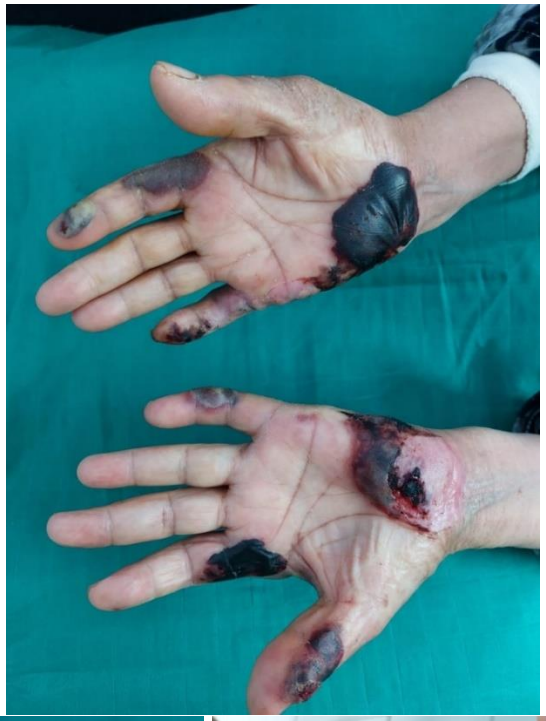
A 68-year-old woman with no previous history presented to A&E following the appearance of blisters on the palms of her hands, accompanied by fever.

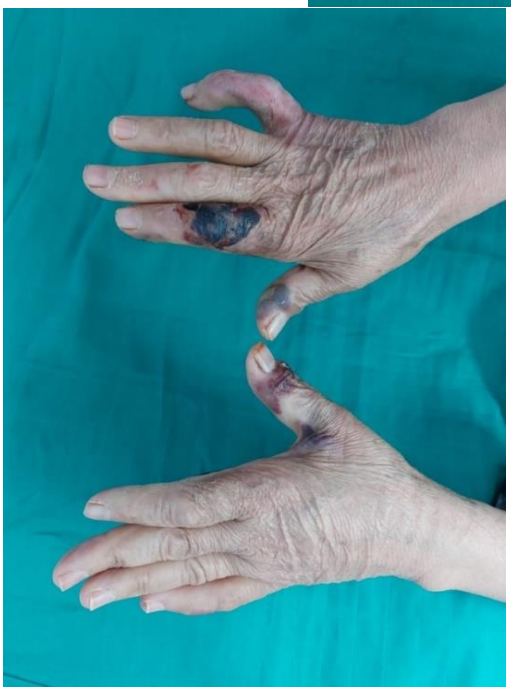
On clinical examination, four blisters of varying sizes were found on each palm, containing haemorrhagic fluid, with an erythematous halo, central necrosis and, in places, loss of the blister roof, resulting in painful erosion. On the back of the hands, opposite the thumb and index finger of the right hand, two haemorrhagic blisters were found. There were no other skin lesions on the rest of the skin.

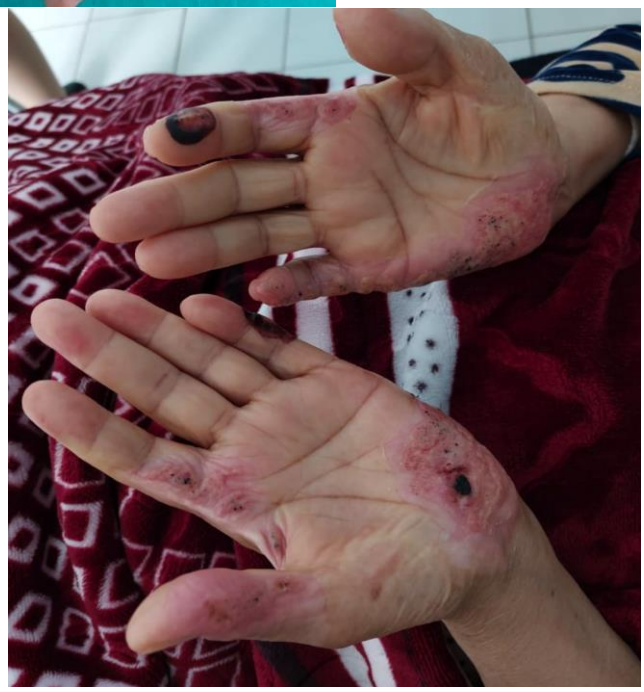
A blood test was requested, revealing no abnormalities. The fluid from the blisters was aseptic, and a skin biopsy was therefore performed.

Histopathological examination revealed significant oedema in the superficial dermis with the presence of subepithelial blisters and an infiltrate composed of dense neutrophils in the dermis, along with epithelial necrosis. There were no signs of vasculitis, thrombosis or granuloma. Tissue cultures for bacteria, fungi and mycobacteria were repeatedly negative. Based on all these clinical and pathological findings, a diagnosis of bullous pyoderma gangrenosum was made.

Corticosteroid therapy at 1 g/kg/day was administered, with significant improvement observed from 48 hours into treatment.







DISCUSSION

The ulceration of classical pyoderma gangrenosum is frequently characteristic but bullous PG is extremely rare, with an estimated incidence of less than one case per million people per year. In approximately 70% of cases, bullous PG precedes, accompanies or follows haematological diseases, particularly acute myeloid leukaemia [2] and occurs most often in arms and neck which make it hard to distinguish from other bullous neutrophilic disorders such as sweet syndrome [3].

Clinically, some lesions of bullous pemphigoid present as large, indurated, dark red plaques. They are very painful and surrounded by an erythematous, warm area. The plaques rapidly develop into haemorrhagic and serosanguineous blisters [3]. Other lesions exhibit bullous characteristics from the outset, taking the form of haemorrhagic blisters with a bright erythematous halo that spreads centrifugally without undermining the skin. The blisters may break down into superficial, shallow ulcers. Several types of lesions may be present in the same patient, either concurrently or over time.

The main characteristic of GPB is its superficial nature, with few ulcerations and minimal tissue destruction. Ulceration, when present, is always superficial and mainly occurs in the upper limbs.

Furthermore, an intense neutrophilic infiltrate is highly characteristic. And histopathologie may find Subepidermal bulla in addition to the tissue neutrophilia [4]

CONCLUSION

In conclusion, the variety of clinical manifestations and the non-specific histology make PG a difficult diagnosis, with frequent misdiagnosis, particularly in the rare subtypes.

REFERENCES

1. Ahn C, Negus D, Huang W. Pyoderma gangrenosum: A review of pathogenesis and treatment. Expert Rev Clin Immunol. 2018 ;14 :225–33. doi: 10.1080/1744666X.2018.1438269
2. Bhat RM. Pyoderma gangrenosum: an update. Indian Dermatol Online J 2012 ;3:7–13. 10.4103/2229-5178.93482
3. Callen J Pyoderma gangrenosum The Lancet, 351, 581-585
4. Suvirya S, Pathania S, Singhai A. A case of bullous pyoderma gangrenosum. BMJ Case Rep. 2019 Mar 31;12(3):e228772. doi: 10.1136/bcr-2018-228772. PMID : 30936355 ; PMCID : PMC6453296.