A 67-year-old woman with stage IV breast cancer on treatment with hormone therapy and everolimus was seen for a 3-month history of ulcers in the right groin.

Examination revealed a number of well-defined, ulcerated, erythematous exophytic plaques with a whitish exudate (Fig. 1). The patient had received topical treatment with 0.25% prednicarbate cream, with no improvement. Skin biopsy was performed to clarify our differential diagnosis of skin metastases from her breast cancer, pemphigus vegetans, squamous cell carcinoma, or vegetative pyoderma. Histology revealed an epidermis with pseudoepitheliomatous hyperplasia, a predominantly neutrophilic inflammatory infiltrate in the dermis, with abscess formation and the presence of pseudofilaments in the corneal layer (Fig. 2). Culture isolated Candida albicans. Based on these findings, we made a diagnosis of vegetative pyoderma due to C. albicans. Treatment was prescribed with oral itraconazole, 100 mg every 12 hours for 8 weeks, leading to resolution of the lesion. Vegetative pyoderma typically presents as verrucous plaques with pustules and elevated borders. It is usually caused by aerobic or anaerobic bacteria and some species of Candida.

A diagnosis of vegetative pyoderma must be considered in immunosuppressed patients with chronic exophytic lesions.

Figure 1  Hematoxylin and eosin, original magnification ×20.

Figure 2


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