Pyoderma gangrenosum

Condition for which IVIg use is in exceptional circumstances only

Specific Conditions	• Pyoderma gangrenosum
Level of Evidence	Insufficient data (Category 4a)

Use of intravenous immunoglobulin (IVIg) is limited to patients with significant pyoderma gangrenosum, diagnosed by a Dermatologist, unresponsive to corticosteroids and other immunosuppressive agents.

Induction dose: 2 g/kg divided over three days.

Maintenance therapy: 1–2 g/kg divided over two days, monthly for 4–6 months.
IVIg should be ceased in patients who fail to respond after three cycles.

Refer to the current product information sheet for further information.

The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient.

Bibliography

Cummins, DL, Anhalt, GJ, Monahan, T & Meyerle, JH 2007, 'Treatment of pyoderma gangrenosum with intravenous immunoglobulin', *British Journal of Dermatology*, vol. 157, no. 6, pp. 1235–39.

Kreuter, A, Reich-Schupke, S, Stucker, M, Altmeyer, P & Gambichler T 2008, 'Intravenous immunoglobulin for pyoderma gangrenosum', *British Journal of Dermatology*, vol. 158, no. 4, pp. 856–7.

Generated on: 31 March 2019