

PASS Syndrome: Clinical Observation

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Case Presentation

A 37-year-old man presented with long-term non-healing cutaneous ulcerations. According to medical records, in 2014 he was treated with systemic retinoids due to acne vulgaris and Hoffmann undermining folliculitis. In 2020 he noted pain in large joints and rash in the axillary, abdomen, and groin regions and shins. He was diagnosed with Crohn disease and axial spondyloarthritis (sacroileitis) and started infliximab; however, the prescription was canceled because of the deteriorating cutaneous process. He received 3 netakimab injections with no positive dynamics. In 2023 he was diagnosed with seronegative rheumatoid arthritis and started anakinra. In 2024 cutaneous ulcerations resistant to topical treatment appeared on the right shin and lower abdomen. Physical examination revealed cutaneous ulcerations located on the right shin (Figure 1A) and lower abdomen (Figure 1B), with undermined, reddish-violet edges, intensively painful, surrounded by erythema, and partially covered with necrotic

debris. Pinkish nodules were noted on the scalp, back, and gluteal regions (Figure 1C). Cribriform scars were seen on the left arm and shin. In the axillary regions fistulas and cord-like scars were observed (Figure 1D); cord-like scars were also seen in the right ear area. Prednisolone (30 mg/day), doxycycline (200 mg/day) and corrective therapy in combination with local treatment were prescribed, and the regression of the cutaneous process was observed.

Teaching Point

PASS syndrome (pyoderma gangrenosum, acne vulgaris [A], hidradenitis suppurativa [SH/S], and axial spondyloarthritis [AS/S]) is a rare auto-inflammatory condition characterized by a chronic relapsing course [1,2]. Owing to the rarity of the condition, there are no treatment guidelines for PASS-syndrome, but immunosuppressive agents (in particular systemic corticosteroids) are successfully used, providing a positive response and eventual healing of cutaneous defects [1].



Figure 1. PASS syndrome in a 37-year-old man. (A) Typical of pyoderma gangrenosum cutaneous ulcerations with undermined, reddish-violet edges, intensively painful, surrounded by erythema, and partially covered with necrotic debris, located on the right shin. (B) Characteristic of pyoderma gangrenosum cutaneous ulcerations with undermined, reddish-violet edges, surrounded by pink erythema, located on the lower abdomen. (C) Suggestive of acne multiple, pinkish nodules located on the skin of the back and gluteal region. (D) Typical of hidradenitis suppurativa fistulas and cord-like scars located in the right axillary region.

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