Pentavalent antimonials are an effective treatment in the majority of cases by *L. tropica* and seem to have few side effects in children. Spontaneous resolution is common in cases with *L. major* cutaneous leishmaniasis. With an increasing immigrant population from endemic regions to the UK, a higher frequency of these previously rarely seen cases is expected.

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Parental consent was obtained for publication of figures

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**IMAGES IN PAEDIATRICS**

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**Successful tacrolimus (FK506) therapy in a child with pyoderma gangrenosum**

A 12.5 year old boy with colitis ulcerosa, in remission for a year after colectomy, presented with an ulcer on the right lower leg. Pyoderma gangrenosum as extra-intestinal manifestation of the colitis was diagnosed. Topical tacrolimus (protopic = FK506 0.1%) twice a day was started, resulting in an initial improvement of the ulcer. As the ulcer relapsed and started to spread to untreated skin after one month, oral tacrolimus 0.1 mg/kg/day was started in addition to topical treatment. This resulted in gradual healing of the ulcer. After four months, the tacrolimus could be stopped.

Pyoderma gangrenosum is an inflammatory skin disease, characterised by destructive, deep, painful lesions at the anterior side of the legs, with irregular purple edges. In 50–75%, pyoderma gangrenosum is associated with inflammatory bowel disease, rheumatoid arthritis, chronic autoimmune hepatitis, or haematological solid tumours. The diagnosis is based on clinical presentation. There are no serological or histological markers and there is no relation between clinical activity of the inflammatory bowel disease and pyoderma gangrenosum. Treatment depends on severity, extent, and chronicity of the skin lesions, and on previous treatment. Local treatment with corticosteroids or tacrolimus is adequate for non-chronic small lesions. In case of severe lesions, systemic treatment with tacrolimus, corticosteroids, cyclosporine A, methotrexate, or infliximab is required. In general, an initial response is seen within days to weeks, but complete remission may require months to years of treatment. This is one of the first reports of successful treatment of a child with pyoderma gangrenosum using tacrolimus.

**Figure 1** First presentation: ulceration at the lower leg due to pyoderma gangrenosum.

**Figure 2** Complete clearing of lesions following local and systemic treatment with tacrolimus.

**Figure 4** Crusted plaque on the forearm of a young boy from Algeria (*L. major*).