

LETTERS



PYODERMA GANGRENOSUM

Three questions about study on treatments for pyoderma gangrenosum

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I have a few questions and critiques for the authors about this excellent study of treatments for pyoderma gangrenosum.¹

Firstly, why were patients who had taken rosuvastatin excluded from the study, and what would have been the perceived effects of this on your results?

Secondly, the study was not double blinded. Patients and clinicians were aware of which treatment arm each patient was in (ciclosporin v prednisolone) “owing to resource limitations and the complexities of different dosing regimens and safety testing of the two drugs.” Could the authors please elaborate on this statement? I appreciate that efforts were made to minimise observation bias by using blinded assessors to examine the digital images, however, to state that “Every effort was made to capture the primary outcome in a blinded fashion” is misleading. The fact that this study was not double blinded is a flaw that the authors should have more clearly acknowledged as a limitation in the discussion section.

Thirdly, the primary endpoint was the speed of healing over six weeks. This is in itself a good primary endpoint because it is objective. However, there were no details on how these ulcers were measured. In most cases it seems that measurements were taken using a computer program based on digital photographs of the lesion. Who took these measurements? Was it a clinician? When digital images were not available, the clinician took the measurements, presumably using a tape measure. Was some form of basic training given in advance to ensure reliability of the measurements and the validity of the results obtained?

Competing interests: None declared.

1 Ormerod AD, Thomas KS, Craig FE, et al. Comparison of the two most commonly used treatments for pyoderma gangrenosum: results of the STOP GAP randomised controlled trial. *BMJ* 2015;350:h2958. (12 June.)

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