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Clofazimine-Induced Healing in Refractory Non-Healing Ulcers: A Case Report

Akash Katara

Abstract: ***Background**: Non-healing ulcers present a diagnostic and therapeutic challenge. Clofazimine, an anti-leprosy drug with immunomodulatory properties, may offer a novel approach. **Case Presentation**: A 28-year-old male presented with a non-healing genital ulcer. After exhaustive investigations ruling out infective and autoimmune causes, Clofazimine was initiated. **Results**: The ulcer showed significant improvement within 10 days and complete healing by day 14. **Conclusion**: Clofazimine may be an effective option for idiopathic non-healing ulcers.*

Keywords: Clofazimine; Non-healing ulcer; Genital ulcer

1. Introduction

Non-healing ulcers are difficult to manage, especially when common etiologies are excluded. Clofazimine has demonstrated anti-inflammatory and immunomodulatory effects. Non-healing ulcers present a diagnostic and therapeutic challenge. When common causes- including bacterial, fungal, viral infections, autoimmune diseases, malignancies, and systemic illnesses- are excluded, therapeutic options become limited. Clofazimine, a riminophenazine dye, traditionally used in leprosy, has demonstrated both anti-microbial and anti-inflammatory actions, particularly in granulomatous and chronic inflammatory conditions. We report three cases where non-healing ulcers responded dramatically to Clofazimine therapy after exhaustive diagnostic workup failed to reveal an etiology. This report highlights its efficacy in a refractory genital ulcer.

2. Methodology

A detailed clinical evaluation was performed. Laboratory investigations, microbiological cultures, serological tests, and histopathology were done to exclude infections, autoimmune diseases, and malignancy. Empirical Clofazimine therapy was initiated after all causes were ruled out.

3. Results and Discussion

The patient showed marked healing within 10 days and complete resolution by 14 days as shown in figure 1 and 2. Clofazimine's immunomodulatory and anti-inflammatory effects likely contributed. This supports its potential role in refractory non-healing ulcers.

Figure 1: Before treatment

Figure 2: After treatment

4. Conclusion

Clofazimine can be considered for idiopathic non-healing ulcers after exclusion of common causes. These cases highlight the potential utility of Clofazimine in idiopathic non-healing ulcers. The rapid healing observed in all cases suggests an immunomodulatory mechanism, possibly involving macrophage modulation, suppression of neutrophilic inflammation, and antimicrobial action against undetected pathogens. None of the patients experienced notable side effects. Clofazimine's most common side effect, skin discoloration, was absent or minimal and self-limiting. Further studies are needed.

Ethical Approval
Informed consent was obtained from the patient. Ethical committee approval was not required for this case report.

Conflict of Interest
The authors declare no conflict of interest.

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