GENETICS AND GENODERMATOSES

LEG ULCER AND NEUROPATHY OF CHARCOT MARIE TOOTH

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Introduction: Leg ulcer is a chronic loss of substance, of varying etiologies. Peripheral neuropathies are considered as causes of leg ulcers. We report a case of leg ulcer occurring in a patient with CHARCOT MARIE AND TOOTH (CMT) neuropathy.

Case report: A 24-year-old patient with a history of leg trauma 8 years ago had been consulting for a leg ulcer for 3 years. The local dermatological examination revealed oval perimalleolar ulcer on the right leg, with dimensions 2*1 cm, clearly demarcated from the surroundings with budding background and healing edges. Otherwise, he was a slender patient. His fingers were fixed in an irreducible 30 ° flessum of the proximal interphalangeal joints. He also had a deformation of the two big toes in claws and inter phalangeal of the 4 toes. Biological tests were normal. A neurological origin of this ulcer was strongly suspected based on the dysmorphic syndrome and the presence of similar cases in the family. An electromyograme showed a homogeneous distribution of an axon-type sensitivo-motor polyneuropathy. Neuromuscular biopsy revealed discrete neurogenic muscle atrophy compatible with the diagnosis of CMTneuropathy.

Discussion: Our patient presented with 3-years history of a nonhealing leg ulcer with no argument in favor of classic causes, like diabetes mellitus, syphilis, alcoholism, amyloidosis, uremia, or spinal cord lesions. CMT disease is classified into types I, II, and III, based on the type of neuropathy, which may be demyelinating or axonal. Most often autosomal dominant disease, it is at the origin of sensitivo-motor impairment .In the long term, it can cause, as any peripheral neuropathy, ulcers of the lower limbs as is probably the case for our patient in whome CMT1A was highly suspected seing the family history, distal muscle atrophy, sensory loss, and marked slowing in the nerve conduction velocity.