



VASCULAR DISEASE, VASCULITIS

MARJOLIN'S ULCER COMPLICATING A VENOUS ULCER.

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Background : Malignant transformation in burn scars was described by Jean-Nicholas Marjolin in 1828. Nowadays, the expression 'Marjolin's ulcer' is used when malignant neoplasias, especially squamous cell carcinomas, occur on chronic ulcers and scars of various etiologies.

Observation: An 69-year-old woman presented with an untreated ulcer on her right lower extremity. She has had the ulcer for more than 3 years which subsequently increased their size and merged characterized by bleeding and pain. She reported history of arterial hypertension and varicous veins for more than 20-years and she was taking anticoagulants. On physical examination, there was a 6.5 × 7cm ulcer, mildly tender on palpation, with irregular borders and exophytic irregular growth of the wound edges and excess tissue granulation at the wound centre. The patient had lower extremity edema and arterial pulses were palpable on both legs. The antibiogram, INR, echo Doppler, lympho nodes ultrasonography and biopsy was taken. Antibiogram showed stafilococcus aureus. Echo Doppler showed varicous vena saphegna magna, without thrombosis. Histopathology showed epidermal acanthosis, pseudoepitheliomatous hyperplasia, papillomatosis, dysplasia and moderately differentiated squamous cell carcinoma. Patient was transfer to oncology-department for radiotherapy.

Key message: Cancerous ulcers may develop in chronic lesions such as stasis ulcers. Exophytic irregular growth of the wound edges and/or bed, increase in pain or bleeding, absence of healing despite adequate treatment, excess tissue granulation that extends beyond the margins should increase the level of suspicion. Several biopsies of both the margins and the wound bed should be taken to obtain a definitive diagnosis, and may be repeated if clinical suspicion is high. When diagnosed, malignancy complicating a chronic venous leg ulcer requires a resolute treatment as it may be fatal.

