

Concerns about Marjolin's ulcer

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Dear Editor,

I had the opportunity to read the illustrative case study from Adelina Gabriela Sirbi *et al.*, which was recently published in this Journal under the title “Squamous cell carcinoma developed on chronic venous leg ulcer” [1]. The authors reported a 76-year-old man with an indolent ulcer evolving for more than three decades at the site of a skin graft utilized to correct an open cutaneous lesion on the right calf. During late postoperative period, there was development of the typical features of chronic venous insufficiency associated with recidivism of skin ulcers [1]. Three years before the current admission, the ulcers showed fungating features not controlled by correct management, and the histopathological studies of biopsy specimen revealed characteristic findings of moderately differentiated squamous cell carcinoma. Therefore, the diagnosis of Marjolin's ulcer was established [1].

In the commented article, the role of ageing and ultraviolet light exposure on the development of malignant transformation of skin ulcers is highlighted, as well as the need of repeated biopsies on the chronic venous ulcers. Moreover, the authors emphasized the delayed diagnosis due to late presentation of patients to the physicians, and the unfavorable outcomes linked to the malignant transformation of chronic venous ulcers in lower limbs [1]. Despite of the completeness of the Romanian medical care, the patient unfortunately refused the proposed surgical amputation as well as the oncological treatment. His death occurred less than a year after the hospital discharge [1].

I would like to add recent comparative data of a Marjolin's ulcer detected in a 73-year-old Brazilian woman [2]. Her indolent venous ulcer evolved for 35 years after a traumatic lesion on the anterior and lateral regions of the left leg, and various empirical antibiotic courses had been unsuccessful for the improvement of the ulcer. Furthermore, previous superficial skin biopsies done in other medical service had yielded inconclusive results [2]. On the present admission, cultures of skin specimens revealed *Escherichia coli* and histopathology studies detected a poorly differentiated squamous cell carcinoma. Initially, the patient underwent a culture-directed antimicrobial schedule followed by tumor resection. In good clinical conditions, she was further referred to Oncology follow-up, including neoadjuvant chemotherapy in addition to a rescue surgery with preservation of the lower limb [2].

One should ever consider the potential risk of malignancy associated with chronic venous ulcers in lower limbs, and repeated biopsies must be performed in the ulcer border to rule out the possibility of malignant transformation. Both case studies herein commented may contribute to enhance the suspicion index of primary care workers about this challenging and preventable condition, allowing the early diagnosis and adequate prompt treatment [1, 2].

References

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