CARCINOMA IN PLANTAR ULCERS OF LEPROSY PATIENTS: A REPORT OF 4 CASES FROM TURKEY

Sir,

Plantar ulcers are a commonly observed complication in leprosy. Malignant development may be associated with chronicity, continuous trauma, neglect of skin care or osteomyelitis. Publications on the subject are few and generally in the form of case reports. In this report we present 4 cases observed during the period 1984–87 at Istanbul Leprosy Hospital.

Case Reports

Case 1. A 56-year-old male farmer from Kars. Formerly classified as having lepromatous leprosy (LL). The patient was hospitalized due to a chronic plantar ulcer of 3 years duration on his right foot. The biopsy results of the ulcer showed it to be ‘epidermoid carcinoma’.

Results of a previous biopsy taken at Diyarbakir were reported as ‘epidermoid carcinoma in primary stage’. The report of further lymph node and lesion biopsies taken on 5 July 1984 was ‘reactive hyperplasia in the lymph node and epidermoid carcinoma in the lesion’.

On 19 July 1984 a below-knee (BK) amputation was performed on the patient and a prosthesis was made following the healing of the wound. The patient is presently still alive with no evidence of metastasis.

Case 2. A 45-year-old female from Tunceli, classified as having LL. She had a plantar ulcer of 20 years duration from which a biopsy was taken and reported as ‘Grade I epidermoid carcinoma’. A BK amputation was performed, a prosthesis fitted and the patient was walking well prior to discharge. One year after discharge, she was re-admitted with a new lesion on the same leg which on biopsy showed ‘epidermoid carcinoma’. The patient, who was told that she couldn’t benefit from chemo- or radiotherapy, died at home.

Case 3. A 50-year-old female from Samsun, classified as borderline tuberculoid (BT) leprosy. In December 1985, this lady was examined in her home and a plantar ulcer on her left foot of 20-years duration was discovered. The basic steps in ulcer care were explained to her. In March 1986, she was admitted to hospital with a ‘cauliflower-like’ growth on the plantar ulcer site and enlarged groin lymph glands. Lesion and nobe biopsies revealed epidermoid carcinoma. Her condition gradually deteriorated and a few months later she died.

Case 4. A 53-year-old male, farmer from K. Maras, classified as BT. In May 1986, this patient was seen in his home with a chronic plantar ulcer. In April 1987, he was admitted to hospital with a ‘cauliflower-like’ growth on the ulcer. Biopsy results showed epidermoid carcinoma. On 7 May 1987, a BK amputation was performed, later a prosthesis was fitted. This patient is doing well to date following the BK amputation.

Discussion

The time factor has a significant influence on plantar ulcers becoming malignant.\textsuperscript{2,4} Malignant degeneration of plantar ulcers of between 3- and 20-years duration was seen in the 4 cases in Turkey and this correlates with findings in other reports.

Generally, the incidence of malignant plantar ulcers is not very high.\textsuperscript{1,2} Of the patients examined in this hospital over the past 10 years only 4 cases of carcinomas were detected.

Carcinoma is generally seen in leprosy patients over 30 years old.\textsuperscript{2,4} Our cases however were in the 45–56 age group. In other studies the incidence of carcinoma was higher in men\textsuperscript{2,4} but in our cases the male : female ratio was equal.

According to Fleury,\textsuperscript{2} TT and BT types of leprosy are more prone to malignancy. Out of our 4 cases, 2 were BT and 2 were LL. The reason for malignant change occurring more often in TT and
BT groups is presumably due to the greater frequency of peripheral nerve damage and consequent chronic ulcers.

For 3 of the cases reported here, BK amputations were performed. Chronic ulcers that have degenerated into malignancy, can easily escape our notice if we are not careful. The diagnosis may be delayed for years and thus the possibilities for treatment are greatly reduced. For this reason it is important to check suspicious chronic ulcers for the present of malignant degeneration, at frequent intervals. It would be interesting to know, perhaps from your readers, if there is any evidence that malignant degeneration is commoner (or perhaps less common) in chronic ulcers due to leprosy, as compared with similar ulcers due to other conditions?

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References


LEPROSY IN BANGLADESH

Sir,

In January–February 1988 I had the opportunity to visit Bangladesh and to work in a leprosy hospital about 150 miles east of Dhaka. I thought it might be of interest to record some of my impressions for your readers.

Bangladesh is a delta region formed by the rivers Ganges and Brahmaputra. It is bounded by India on 3 sides and has a small boundary with Burma (Figure 1). The land is largely flat and fertile, the main crop being rice. Other crops include jute, tea and cotton. Eighty per cent of the population live in the rural areas and depend on agriculture for their livelihood. Most have a hand-to-mouth existence.

I was very apprehensive about heading off to Bangladesh on my own and standing in the crowded customs department of Zia International Airport, with no sign of the person who was to meet me, I thought my worse fears had been realized. But I soon got through the customs, saw the board held-up with my name on it and I was on my way through the crowds of beggars and taxi drivers, to a jeep bound for Dhaka. I had several days in Dhaka at the beginning of my elective, as it was not considered safe for me to travel the 150 miles by train to Kamalganj alone. There I visited the centre for rehabilitation of the paralysed which is run by an expatriate, Valerie Taylor, she set up the centre several years ago when she came to Bangladesh as a physiotherapist, and they now have around 100 patients in their care.

The centre is run by volunteers and they concentrate on making patients self-sufficient. They deal with medical problems such as bed sores, then using physiotherapy, occupational therapy and a lot of encouragement, set about the slow progress of rehabilitation. I found all the volunteer workers to be very dedicated and I was surprised to see how cheerful all of the patients were and how well they coped with their disabilities. Most of the patients are involved with handicrafts or painting, not just as a mode of occupational therapy, but as a way to earn a little money.