

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 Diyabakir 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 1 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 node 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.^{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.^{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.²⁻⁴ Our cases however were in the 45–56 age group. In other studies the incidence of carcinoma was higher in men^{2,4} but in our cases the male:female ratio was equal.

According to Fleury,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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