

## REPLY: CARCINOMA IN PLANTAR ULCERS OF LEPROSY PATIENTS: A REPORT OF FOUR CASES FROM TURKEY

Sir,

The above letter (*Lepr Rev* 1988; **59**: 360–1) prompts me to write that it is necessary to recognize that the development of malignancy is a relatively common occurrence in neglected plantar ulcers. In a large majority of ulcers that have been present for more than 10 years, a malignant degeneration will take place, but it does occasionally occur much earlier. There is also a variation in the speed of progression of a malignancy, and of its potential for metastasis. Most are slow growing and do not metastasize readily. On the other hand, the opposite is occasionally true.

The ulcers with a low grade malignancy can sometimes be cured by local excision and skin grafting. By the time the majority of these present themselves they will require amputation. This of course is true when there is skeletal invasion.

As is true in all aspects of medical care, by far the most important aim is prevention. It is most obvious that malignant degeneration will never occur if ulcers are not allowed to persist. So, the vital thing is to see that all plantar ulcers are promptly healed, and necessary measures instituted to keep the skin intact and to prevent damage to all tissues.

This, of course, is more easily said than done; but to prevent malignant degeneration, it must be done. The essentials for prevention of tissue damage are well known and I need not make reference

to them. The important thing is that it is extremely difficult to convince patients of the necessity of instituting these preventive measures.

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### **Reference**

Pfaltzgraff RE. Management of Ulceration in Anesthetic Extremities, *Lepr Rev*, 1984; **55**: 424-6.