PHOTO-QUIZ

A 53-year-old woman, who was submitted to saphenectomy 20 years ago, was admitted with a painful ulcer over the right medial malleolus. She was tobacco-smoker (16 pack-years) and had high blood pressure. The skin change appeared 30 days before, following an insect bite. Firstly, there was a papule, which evolved as an ulcer in three weeks. She related that her domestic dog was recently sacrificed by the Zoonoses Control Department due to visceral leishmaniosis. Physical examination revealed an ulcerated lesion (4 cm in diameter) with irregular borders in her right medial malleolus, with hyper pigmented area associated with inflammatory signs and draining serous secretion (Figures 1A and 1B). There were varicose veins in the right lower limb, and arterial pulses were normal. The diameters of the calf were 40 cm on the right and 40.2 cm on the left; and the diameters of the ankle distal third were 24.7 cm on the right and 23.2 cm on the left. Laboratory determinations were unremarkable. The echo-Doppler of the inferior right limb detected incompetent perforant veins. Photomicrography features of biopsy samples from the border of the ulcer are showed in Figure 1C.

Rapid reduction in the lesion size was observed with clinical treatment (Figure 1D). She became asymptomatic and was discharged to home at day nine of admission.

What is the most probable diagnosis?

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ANSWER to PHOTO-QUIZ

Venous ulcer of lower limb (Stasis ulcer)

Skin ulcers are common, with variable aspect and diverse etiologies including: venous (stasis) and arterial insufficiency, neuropathy, malignancy, metabolic disturbance, trauma, hematological disorder, and infectious or parasitic agents. Chronic venous insufficiency is often associated with leg stasis ulcer. Suspicion of vascular ulcers is based on anamnesis and physical examination (site, borders, depth, size and adjacent changes). Such ulcers may be recurrent and persistent, because improvement depends on systemic (age, nutritional state and immunity) and local (blood circulation and infection) factors. Complications like cellulitis, osteomyelitis, malignancy, bacteremia and sepsis may occur. Treatment of stasis ulcer includes pentoxifylline, aspirin, antibiotics, compression, local care, and debridement.

Ulcers of lower limbs are common findings, and can cause pain and functional limitation. Stasis ulcers are characteristically shallow and irregular, prevailing over bone prominences; nevertheless, the differential diagnosis may constitute a challenge for primary care workers. Most of the ulcers in lower limbs are associated with venous or arterial insufficiency and diabetes mellitus; however, less frequent etiologies, as infectious diseases must be considered. The management of leg ulcers in primary care attention is often based solely on clinical data. In this case study, the stasis ulcer appeared associated with chronic venous insufficiency and previous saphenectomy. Notwithstanding, cutaneous leishmaniasis was an initial major concern because the lesion appeared on exposed area after an insect bite, evolving as papule followed by an ulcer. Recent studies on the transmission of leishmaniasis in Brasilia-DJ outskirts confirmed autochthonous human visceral disease, and detected Lutzomyia whitmani and Leishmania (Viannia) braziliensis in domestic and peridomestic areas. However, the lesion appeared soon after the insect bite as pruriginous papule topped with vesicle, that was excoriated by scratching. The resultant ulcer was painful, without raised heaped up margins or granuloma at its base. Moreover, direct examination, cultures, and skin biopsy did not reveal pathogenic agents, and Montenegro's test was negative. Although she was afro-descendent and had arterial hypertension, the hypotheses of arterial insufficiency and sickle-cell anemia were ruled out by arterial evaluation and hemoglobin electrophoresis. Furthermore, the diagnosis of venous ulcer was established by clinical data and echo-Doppler findings. Successful treatment included analgesics, lower limb elevation, compression and local care. Case studies can contribute to highlight the role of efforts aiming prevention of venous ulcer. Leishmaniosis should be included in differential diagnosis of cutaneous lesions in patients from large urban conglomerates, where domestic/ peridomestic infection can be documented.

REFERENCES