Past Leprosy and Present Cancer Associated with Chronic Leg Ulcers

Wilson IB Onuigbo1*, MA Macrae2 and AE Garrett3

1Department of pathology, University Hospital, Nigeria
2Mile 4 Hospital, Nigeria
3Oji River Hospital, Nigeria

Submission: November 14, 2017; Published: January 12, 2018

*Corresponding author: Wilson Onuigbo, Department of pathology, University Hospital, Enugu, Nigeria, Email: wilson.onuigbo@gmail.com

Abstract

Malignant leg ulcers have long been a problem. By 1806, such an association had not yet been recognized. Nowadays, the histological association is well known. However, the relationship to leprosy remains to be fine tuned. Therefore, following the previous local paper on melanoma associated with chronic leg ulcer, attention is drawn to another aspect of this phenomenon which may go back to several years without etiological link.

Keywords: Leprosy; Skin; Ulcer; Malignancy; Etiology; Nigeria

Introduction

Doctors have long been interested in leg ulcers associated with squamous carcinoma. However, this was not appreciated by 1806 when it was but the last of the 13 questions among those raised by members of the Institution for the Study of Cancer [1]. In this context, I showed recently that this was because of the then poor development of microscopic assessment [2].

Another question centered on the possible direct role of leprosy. From a leprosarium in Japan [3], deaths from concurrent cancer were studied. From Nepal [4], there was a report on probably the first study on etiologic malignant melanoma. In this context, a Birmingham [UK] group maintained that the establishment of a histopathology data pool facilitates epidemiological analysis [5]. Therefore, my supervision of such a pool in a developing community in Nigeria was deemed to be worthy of research as regards the records with reference to past exposure to leprosy and present cancer developing in chronic leg ulcer. This aspect had been presented earlier with regard to melanoma [6].

Case Report

i. OU, a woman aged 55 years, consulted Dr. M. A. Macrae, a foreign doctor, at the Mile Four Hospital, Abakaliki. She had a chronic ulcer on the sole of the foot. It had lasted for one year without healing. There was heaped up black granulation tissue. It was under observation for 3 months. The patient was a discharged leprosy patient of many years duration. There was no evidence of metastases. Biopsy was performed. Three blackish tissues up to 1.0 cm across were received. On microscopy, malignant melanoma was diagnosed.

ii. OI, a 55-year-old woman, consulted a foreigner, Dr. A. E. Garrett, at the Oji River Hospital, Oji, for an ulcerated tumor of the border of the right foot. She was a discharged leprosy patient of many years duration. The biopsy specimen measured 1.8 cm. Microscopy revealed overlying pyogenic exudates with diagnostic mitotically active, spindle celled, polygonal, and melanin pigmented tumor of the melanoma type.

Discussion

In the US case of a 62-year-old man [7], skin cancer and leprosy coexisted. Such coexistence differs from the present patients. From India [8], 2 cases were reported. One had been treated for leprosy 16 years back and the other 13 years previously. On searching for the exactitude of the dates of discharge of the local patients, the one was 45 years and the other 20 years respectively. Accordingly, in this community, leprosy per se was not an etiological factor but the chronic ulceration itself.

References


