

Guinea Worm, Leg Ulcer, and Malignant Change in Nigeria: Another Case Report



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Abstract

In Orthopedics and Rheumatology Open Access Journal (OROAJ), Previously a case was reported of malignant change in the leg ulcer of a Nigerian. Here, another case is being presented in like manner. In conclusion, the good news is that the eradication of the disease has been achieved worldwide.

Keywords: Skin; Guinea worm; Ulcer; Malignant change; Developing community

Introduction

This Journal carried our odd report of a 50-year-old woman whose leg ulcer due to old infection of guinea worm became malignant [1]. This deferred from the standard picture painted in a standard tropical text book as "An inflammatory arthritis due to the discharge of larvae into the joint, an arthritis due to secondary bacterial infection" [2]. Here, as malignancy supervened again, the case is deemed to be worthy of documentation.

Case Report

NE, a 56-year-old woman, who had a typical history of guinea worm extraction, attended the Enugu Specialist Hospital, Enugu, on 2nd March 1972. The left tibia was so completely necrotic that above knee amputation was carried out. An exuberant ulcer occupied most of the anterior portion of the middle three-fifths. On section, several parts of the ulcer showed whitish infiltrating tissue. On microscopy, there was wide invasion by a well differentiated, highly keratinizing, squamous cell carcinoma. Muscle was compressed and attacked. Fairly large blood vessels were permeated and thrombosed. Another odd feature was focal calcification of the tumor in parts. Indeed, the malignancy ranged from near innocence to bizarre pleomorphism.

Discussion

The story of the guinea worm from Nigeria is that of an infection approaching eradication [3]. From India, two cases were deemed to present merely in terms of requiring surgical removal of calcified worms [4].

Concerning the eradication, the initiative has been warming up in several parts of the world. Indeed, the Swiss group [5] concluded thus: A campaign to eradicate the disease was launched

in the 1980s and has made significant progress. The strategy of the campaign is discussed, including water supply, health education, case management, and vector control. Current issues including the integration of the campaign into primary health care and the mapping of cases by using geographic information systems are also considered. Finally, some lessons for other disease control and eradication programs are outlined.

Elsewhere, as the senior author found out that by 1806 [6], the association of leg ulcer and malignant change could not be recognized. Today, chronic ulcers are becoming common in general. What is rare is the case of past leprosy being associated with chronic leg ulcer [7].

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