

MALIGNANT ULCERS-MULTIDISCIPLINARY TREATMENT

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A malignant ulcer is defined as a break in epidermal integrity because of infiltration by malignant cells. This may be due to primary skin malignancy, metastatic deposits or extension of malignancy from deeper structures. Above all malignant ulcers derives from skin tumors: epithelial tumors, melanoma and Kaposi sarcoma. In particular epithelial tumors, basocellular and squamocellular carcinoma, represent more than 95% of all malignant ulcers. Moreover the Marjolin ulcer over bursts scars, is the typical site where the squamocellular carcinoma ulcerative form manifests itself.

The elective treatment of all malignant ulcer must be based on surgery. The reasonable management should be divided into three steps. The first is the surgical time: lesion exeresi with wide margins and histological examination of the surgical piece and margins. The waiting time between surgery and the histopatological exam result represents the second step: the surgical scar is treated with advanced wound dressing, hyperbaric therapy, vacuum-therapy. In fact an immediate reconstructive program is not opportune because of we are not sure that the margins are tumor free: a graft or a flap, used for reconstruction, would be sacrificated by a second surgical time necessary in order to eliminate a residual tumor. Once we know that margins are tumor free, the third step corresponds to the recostructive time. The recostructive project should be constructed around the lesion characteristics. Depending on the clinical case in examination we decide to use engineered tissue graft or autologous graf or flap reconstruction.