

SKIN CANCER IN A LEG ULCER CLINIC

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Aim: Many medical centres now run specialised leg ulcer clinics. Patients are usually referred to these clinics by health professionals from community care such as a District Nurse or General Practitioner, or, less commonly, from colleagues within the hospital setting. Most of these patients will have venous ulcers, mixed arterio-venous ulcers or arterial ulcers. A few will have diabetic ulcers or ulcers secondary to an inflammatory cause such as necrobiosis lipoidica or pyoderma gangrenosum. Skin cancer on the lower leg may ulcerate or erode thus mimicking one of these benign conditions. We conducted a 2 year review of patients seen in our leg ulcer clinic to determine how many of our patients were found to have skin cancer as the cause of their ulcer.

Methods: Our Dermatology department runs a weekly leg ulcer clinic staffed by specialist leg ulcer nurses and supervised by a Consultant Dermatologist. We performed a retrospective case-note review of 300 patients seen in our clinic over a 2 year period between January 2006 and January 2008.

Results: 12 patients out of 300 were found to have had skin cancer (4%). These took the form of ulcerated or eroded Bowen's disease in 4 patients, 3 basal cell carcinomas (BCC), 3 squamous cell carcinomas (SCC), 1 melanoma (another was an incidental finding on the leg opposite to the ulcer) and 1 clear cell acanthoma.

Conclusions: Although relatively uncommon, skin cancer may mimic leg ulcers of any cause and can present at leg ulcer clinics. Early recognition and treatment is imperative. Our review demonstrates that in our clinic a leg ulcer caused by a skin cancer presented approximately once every 8 weeks. It is therefore vitally important that all health professionals dealing with leg ulcers adopt a high index of suspicion and a low threshold for diagnostic biopsy in any ulcer which may appear atypical.