

Chronic leg ulcer: a complication of sickle cell disease not to be ignored

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The presence of a chronic leg ulcer in a young person is often suggestive of an infectious or traumatic cause. However, it is also a common complication of sickle cell disease and can sometimes be its indication.

We report a case of a 31-year-old hospitalized in our department for a trailing leg ulcer evolving for 6 months and associated with SS sickle cell disease. A dermatological examination showed an ulcer in the right leg, next to the malleolar region, dragging without healing, painful, without a necrosis zone, with irregular and geographical contours. Hemoglobin electrophoresis confirmed the presence of a homozygous SS form. An infectious balance and an ultrasound have eliminated an infectious and vascular cause. A leg ulcer is a dermatological complication rarely reported in homozygous sickle cell disease. It is a consequence of cutaneous pain caused by repeated vaso-occlusive disorders (Fig. 1) [1].

The presence of trailing malleolar ulcers in a young patient should be suggestive of sickle cell disease and hemoglobin electrophoresis must be conducted. The treatment of leg ulcers in sickle cell disease remains poorly codified. The acceleration of healing rates by the addition of trinitrin during local care has been proven in the series of M. Boustani [2].

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand



Figure 1: An ulcer in the left perimalleolar region, painful, without a necrosis zone, clean bottom, geographical and irregular contours.

that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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