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MARJOLIN'S ULCER

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A 45 years old man who had sustained a burn injury to his right hand 20 years ago come to our dermatology clinic with complaint of a rapidly growing fungating mass in burn scar from 4 months ago (Fig. 1). A biopsy of the mass revealed invasive squamous cell carcinoma consistent with Marjolin Ulcer (Fig. 2). The patinet underwent wide local excision and placement of a split thickness skin graft. No evidence of tumor was identified in the sentinel lymph nodes.

MU is a rare and aggressive cutaneous malignant transformation with an incidence of 0.1% to 2.5% after a long-term inflammatory or traumatic insult to the skin [1,2]. The main etiology tends to be post-burn scars and traumatic wounds [3]. Since biopsy remains the gold standard for the diagnosis of MU, it should be applied for suspicious lesions that have not healed in 3 months [4]. MU is more aggressive than primary skin tumors, therefore nodal assessment and wide surgical excision are recommended [5]. This potentially fatal complication may be preventable and treatable by surgical management of initial injuries and early diagnosis and treatment of unhealed ulcers [4].

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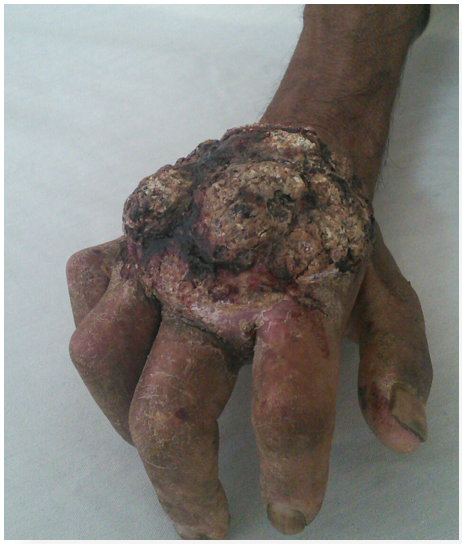

Figure 1. Rapidly growing fungating and necrotic mass in burn scar.

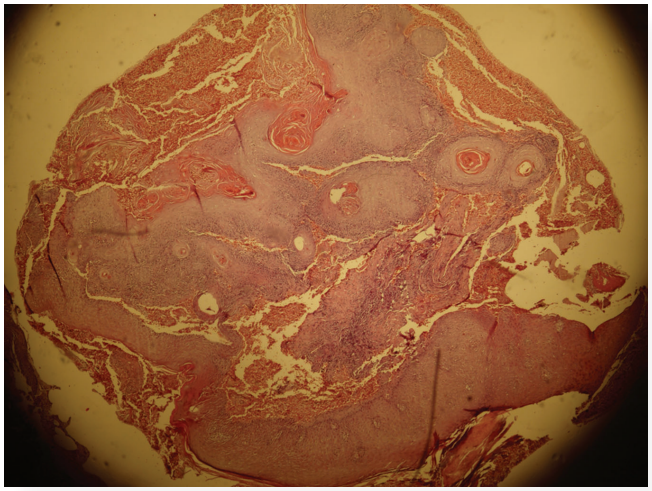

Figure 2. Haphazardly oriented lobules of atypical keratinocytes with an infiltrative growth pattern within the dermis. Some lobules show formation of squamous pearl.