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 patient 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].

REFERENCES