

## GRANULOMA PYOGENICUM ON TROPHIC ULCER IN LEPROSY

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A giant pyogenic granuloma over a trophic ulcer was observed in a polyneuritic leprosy patient.

**Key words:** Granuloma pyogenicum, Trophic ulcer.

Granuloma telangiectaticum is a vascular nodule, usually seen at sites of previous injuries mostly in children and young adults.<sup>1</sup>

We have recently observed this tumour on a trophic ulcer in an elderly patient with polyneuritic leprosy. Though anaesthetised limbs predispose to repeated trauma a factor in the aetiology of this common malady, we had not come across earlier any case of pyogenic granuloma on leprosy trophic ulcer. Scanning of literature too did not reveal any such reported case. We are presenting this patient as an extraordinary complication of trophic ulcer.

### Case Report

A 40-year male patient having polyneuritic leprosy of 5 years standing, on irregular treatment with dapsone reported for bilateral trophic ulcers of feet. Trophic ulcer on the left foot was the first complaint which brought the patient under medical care five years ago. Irregular treatment and lack of foot care resulted in the development of trophic sore on his right foot also four months ago. The patient observed a rapidly growing, painless swelling over the ulcer on the left foot for the last two months. The swelling was not associated with any con-

stitutional symptoms, and he had not taken any treatment either for the ulcer or for the swelling during the last six months. Examination revealed bilateral pedal edema, ichthyotic legs, ulnar clawing on right hand, palpable, non-tender cord-like ulnar and lateral popliteal nerves, glove-stocking type of anaesthesia of hands and feet.

The trophic ulcer on the plantar surface of the right second toe was 4×4×1 cm, freely mobile, with a necrotic floor. Ulcer on the plantar aspect of the left great toe was about 6×5×3 cm, and fixed with a necrotic floor. Over the medial margin of the floor of this ulcer, there was a dark red pedunculated, growth 5×2.5 cm in size with a granular surface, and a tendency to bleed on manipulation. Bilateral inguinal glands were enlarged, soft to firm and moderately tender. No other significant positive findings detected.

A provisional diagnosis of giant granuloma pyogenicum was made and an excision biopsy was requested to rule out squamous cell carcinoma. Pus culture from the ulcers grew *Proteus mirabilis*; Skin slit smear from 6 sites for AFB was negative; X-ray left foot showed destructive changes of the phalanges of the great toe. Biopsy showed features consistent with granuloma pyogenicum.

### Comments

Occurrence of an actively proliferating vascular growth like granuloma pyogenicum is unusual on a neurotrophic ulcer. In our patient, the growth was so large and the

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growth rate so rapid that a squamous cell carcinoma was considered as a second possibility even though the incidence of squamous cell carcinoma over a trophic ulcer too is uncommon.<sup>2</sup> But a typical histopathology and complete healing following surgical removal left no doubt to our diagnosis of granuloma pyogenicum.

### References

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