

PHLEBOLOGY AND DERMATOLOGY

COMPETITIVE OR COMPLEMENTARY?



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Disclosure

Speaker name:

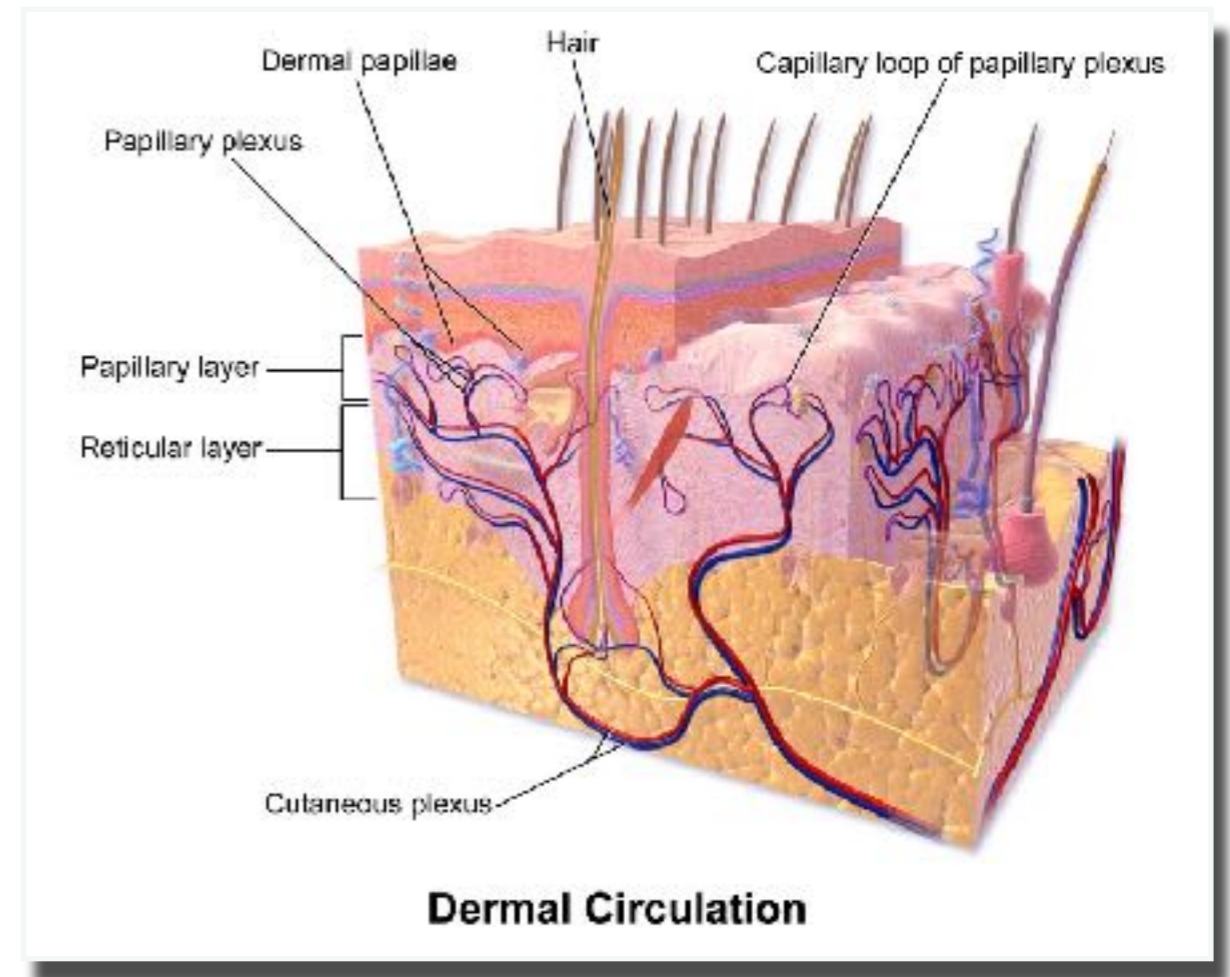
.....▶ Inga Vanhandenhove.....

- I have the following potential conflicts of interest to report:
 - Consulting
 - Employment in industry
 - Shareholder in a healthcare company
 - Owner of a healthcare company
 - Other(s)
- I do not have any potential conflict of interest

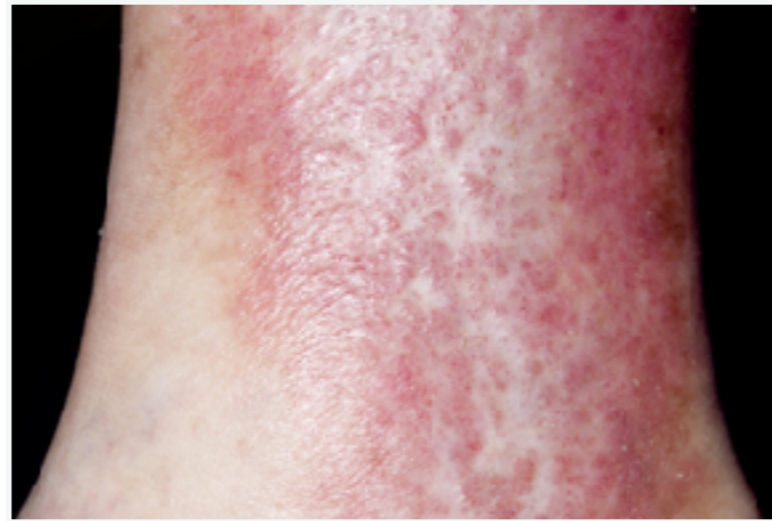


PHLEBOLOGY

- Spider and reticular veins
- Papillar and reticular dermis
- Upper reticular dermis



- Epithelial layer: majority of skin cancers



MELANOMA - VERRUCA SEBORRHOICA



MELANOMA ABCDE



A = Asymmetry

One half is unlike the other half.



B = Border

An irregular, scalloped or poorly defined border.



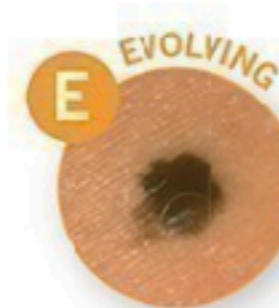
C = Color

Is varied from one area to another; has shades of tan, brown or black, or is sometimes white, red, or blue.



D = Diameter

Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.



E = Evolving

A mole or skin lesion that looks different from the rest or is changing in size, shape or color.





Photo provided by Dr. Richard P. Usatine, usatinemedia.com





Medscape

Source: Dr Gary White / Regionalderm.com



STASIS DERMATITIS

- Lower legs, uni- or bilateral
- gravitational dermatitis, venous eczema
- Swelling around the ankle is often the first sign of stasis dermatitis
- discolored skin and varicose veins



STASIS DERMATITIS



- Left untreated,

Area feels **hard**

Lower part of the calf looks like an **upside-down wine bottle**

Skin becomes deeply **pigmented**

Redness and scale cover the area, including the top of the foot

Intensely **itchy** skin

- Contact Dermatitis
- Cellulitis

STASIS DERMATITIS

- Rare before 40 years of age , rather > 50
- women $>$ men
- Venous insufficiency / postthrombotic
- AHT
- Congestive heart failure
- Kidney failure
- Overweight
- Inactivity

GRAVITATIONAL OEDEMA



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DIAGNOSTIC ERRORS



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- 72-year-old Hispanic woman, admitted to the hospital three times over the past 2 months for recurrent bilateral lower-extremity cellulitis.
- She now presents to the emergency department complaining of worsening bilateral lower-extremity swelling with redness, burning, and itching of 5 days' duration.
- afebrile but complains of pain and throbbing, especially when standing.
- During each of her three previous inpatient stays, her skin improved with intravenous antibiotics (one course of cephalosporin, one course of vancomycin) and topical emollient application; however, she reports that her symptoms always worsen within days of discharge.

DIAGNOSTIC ERRORS

- afebrile, morbidly obese woman with bilateral pitting oedema below the knees
- elevated erythrocyte sedimentation rate and C-reactive protein level , elevated fasting glucose and HbA_{1c} levels consistent with history of diabetes mellitus
- Varicose veins
- Diffuse erythema
- lichenification and scaling, excoriations
- Rust-coloured dyschromia
- Atrophie blanche



CELLULITIS VS STASIS DERMATITIS

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CELLULITIS VS STASIS DERMATITIS

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- **Red flags!**
- **Cellulitis** is rarely bilateral and should be associated with additional signs (fever, chills, malaise, warmth, and severe tenderness on palpation, lymphangitic streaking) and laboratory abnormalities (leukocytosis)
- Her history of venous insufficiency with chronic varicosities is highly suggestive of **stasis dermatitis nodosum**

VENOUS VS FUNGAL

- secondary fungal infection? : do scraping or refer



?



MARTORELL ULCER



MARTORELL ULCER = HYPERTENSION

- Very painful
- Anterolateral lower leg, just above the ankle
- Over the Achilles tendon
- Solitary or symmetrical
- Red-purple inflamed ulcer edge
- Irregular shape
- Deep, exposing underlying tendons
- Failure to respond to usual treatments for leg ulcers.

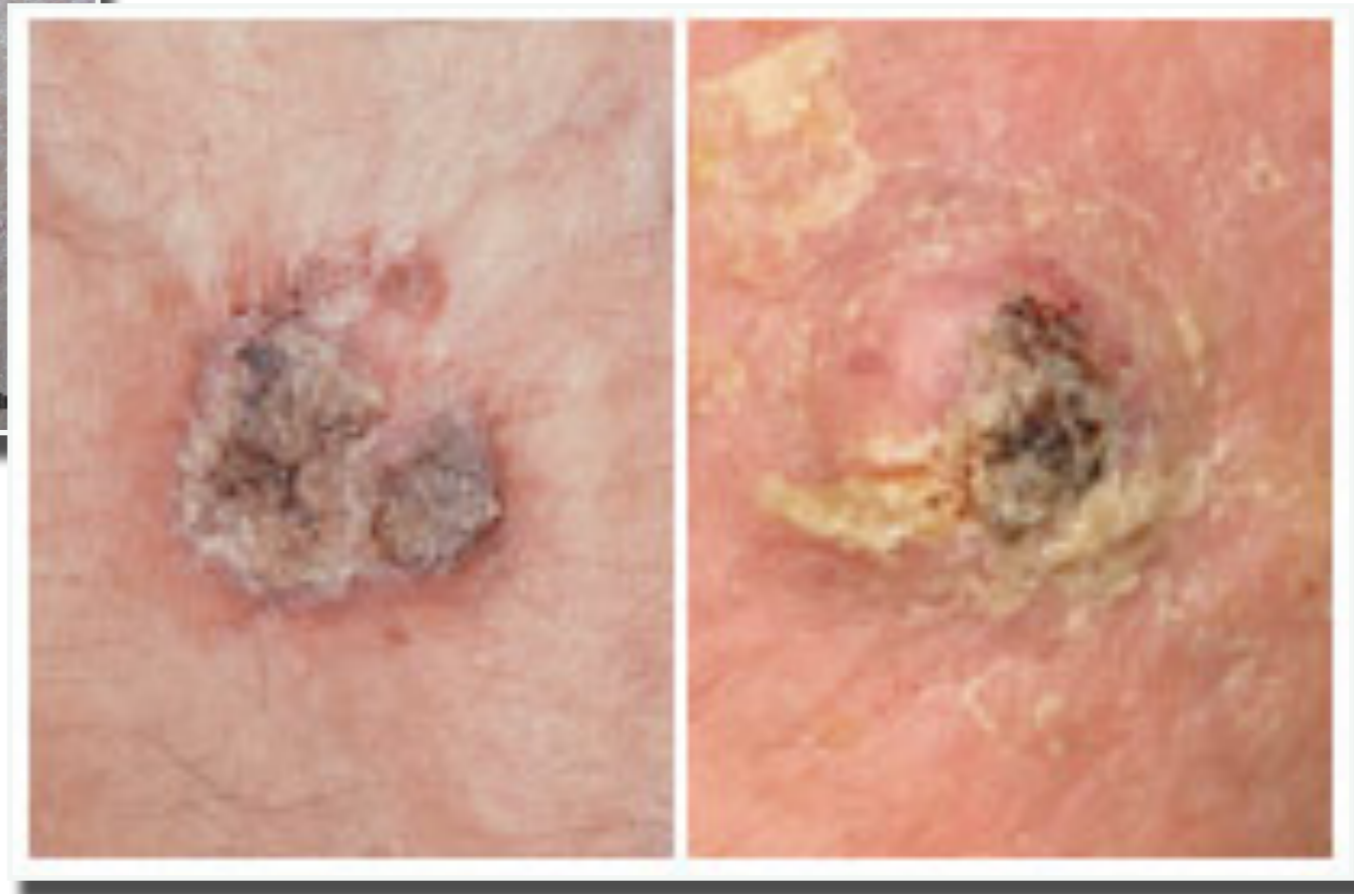


SKIN CANCER

- Abnormal growth of skin cells
- Areas of skin exposed to sun
- Affects people of all colours and races
- Higher risk with fair skin and easy sunburn

BASAL AND SQUAMOUS CELL CARCINOMA

- Sun related
- In doubt of lesion: biopsy

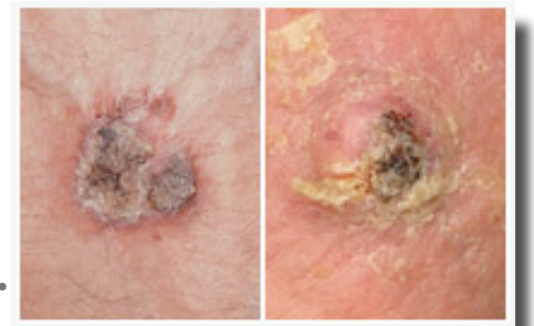


BASAL CELL CARCINOMA BCC



- Most common type of skin cancer
- Frequent in people with fair skin, but not exclusively
- **flesh-colored, pearl-like bump or a pinkish patch of skin**
- after years of frequent sun exposure or indoor tanning
- common on the head, neck, and arms
- can invade the **surrounding tissue** and grow into the nerves and bones, causing damage and disfigurement
- Early diagnosis and treatment!

SQUAMOUS CELL CARCINOMA SCC



- SCC is the second most common type of skin cancer
- light skin most likely, but can develop in darker-skinned people.
- red firm bump, scaly patch, or a sore that heals and then re-opens
- Skin that gets frequent sun exposure, such as the rim of the ear, face, neck, arms, chest, and back
- can grow deep in the skin and cause damage and disfigurement.
- Early diagnosis and treatment can prevent SCC from spreading to other areas of the body.

BASAL AND SQUAMOUS CELL CARCINOMA

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- squamous cel carcinoma has **ulceration**
- but: long-standing venous ulceration can have a **malignant degeneration** to a squamous cell Ca

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BASAL AND SQUAMOUS CELL CARCINOMA

- squamous cel carcinoma has ulceration
- but: long-standing venous ulceration can have a malignant degeneration to a squamous cell Ca
- rare finding , but SCC arising in the context of a VLU has a particularly aggressive behaviour.
- when long standing ulceration: **biopsy and radical R/**

BIOPSY

Arch Dermatol. 2012 Jun;148(6):704-8. doi: 10.1001/archdermatol.2011.3362.

Malignancy and chronic leg ulcers: the value of systematic wound biopsies: a prospective, multicenter, cross-sectional study.

Senet P¹, Combemale P, Debure C, Baudot N, Machet L, Aout M, Vicaut E, Lok C; Angio-Dermatology Group Of The French Society Of Dermatology.

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CONCLUSIONS: The combined primary ulcerated cancer or malignant transformation frequency was sufficiently high in CLUs referred to tertiary care centers to consider systematic biopsy of a wound refractory to 3 months or more of appropriate treatment.

?VENOUS?



?VENOUS?



Figure 4. Ulcerated squamous cell carcinoma on leg, treated as a chronic venous leg ulcer.

?VENOUS?



?VENOUS?



Figure 1. Marjolin's ulcer: transformation of a long lasting chronic leg ulcer in squamous cell carcinoma. Abnormal excessive granulation tissue at the wound edges, with induration.

?VENOUS?



?VENOUS?



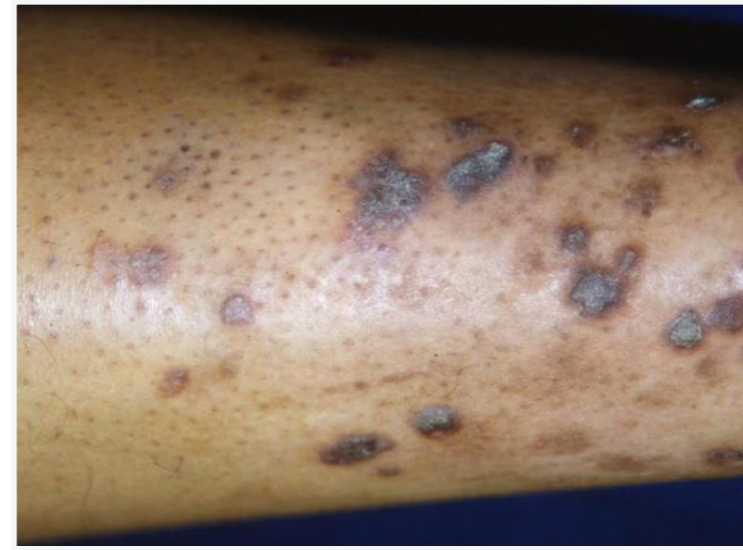
Figure 5. Ulcerated Kaposi sarcoma on the leg of an immunosuppressed patient (renal transplantation). Note the leg lymphedema related to the extension of the Kaposi sarcoma.

?VENOUS?

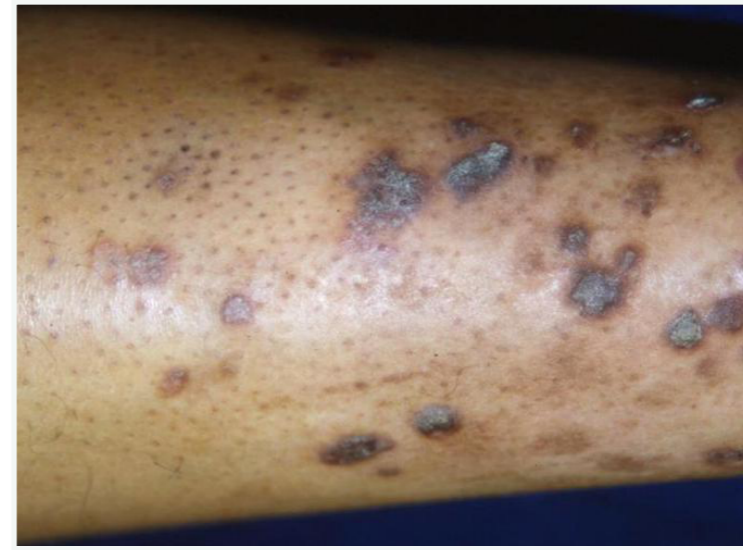


PSEUDO-KAPOSI SARCOMA

► Acroangiokermatitis



PSEUDO-KAPOSII SARCOMA OR ?





- lesions of **calciophylaxis** that occurred on the lower extremity of a patient undergoing dialysis
- lesions developed in areas of livedo reticularis and followed the path of the vasculature.



CALCIPHYLAXIS CUTIS

- **Calciophylaxis** is a poorly understood and highly morbid syndrome of vascular calcification and skin necrosis
- uncommon condition that affects 1-4% of the population with ESRD
- female/male 3/1, 6m-83y
- pathogenesis includes chronic renal failure, obesity, diabetes mellitus, hypercalcemia, hyperphosphatemia, an elevated calcium-phosphate product, secondary hyperparathyroidism, and perhaps a variety of hypercoagulable states.

CALCIPHYLAXIS CUTIS

- Mortality rate 60-80% if ulcerative disease
- Sepsis - organ failure - amputation of limb
- Lesions typically develop suddenly and progress rapidly.
- Singular or numerous, generally on the lower extremities
- May develop on the hands and torso.
- Intense pain is a constant finding

HYPERPIGMENTATION



MINOCYCLINE

- Bluish hyperpigmentation is a well-documented side effect of long-term treatment with minocycline
- most often seen during chronic treatment for acne and rosacea
- has also been noted in up to 41% of patients with rheumatoid arthritis who take minocycline for its anti-inflammatory effects
- may also involve sclera, teeth, and nails.

MALIGNAL TALOPTEREOISIS SPOTS

- A rare disease which causes the victim to break out in spots, followed by hot and cold flashes, then violent sneezing.



MALIGNANT ALLOPTEREOSES SPOTS

- A rare disease which causes the victim to break out in spots, followed by hot and cold flashes, then violent sneezing.
- “The Sword in the Stone”



MALIGNALITALOPTEREOSIS SPOTS

- A rare disease which causes the victim to break out in spots, followed by hot and cold flashes, then violent sneezing.
- “The Sword in the Stone”
- During the wizard's duel, Merlin had transformed himself into the germ that caused this disease and infected Madam Mim with it, causing her to become sick and lose the duel.



PHLEBOLOGY AND DERMATOLOGY : COMPLEMENTARY!

- Magic or common sense?

