

Marjolin's Ulcer with Axillary Lymph Node Metastasis

Úlcera de Marjolin com Metastização Ganglionar Axilar



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Figure 1 – Ulcerated exophytic tumor on the right forearm arising from burn scar, compatible with Marjolin's ulcer

A 25-year-old female, who had a burn injury of the right upper limb during childhood, presented with a 4 months history of an ulcerated exophytic tumor on the burn scar (Fig. 1). There was also a 2 months history of right axillary adenopathy (Fig. 2). A biopsy of the ulcer showed a squamous cell carcinoma (SCC). Staging exams revealed bone invasion, ipsilateral axillary lymph node metastasis and no distant metastasis. This patient was treated with a radical excision of the lesion by trans-humeral amputation

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

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Figure 2 – Right axillary adenopathy

and a right axillary lymphadenectomy.

The lesion was a Marjolin's ulcer, characterized by a skin cancer that develops from scar tissue or chronic ulcers.¹⁻³ The SCC is the most frequent pathological type, but in Marjolin's ulcer it is more aggressive than in the primary cutaneous SCC, with a higher potential for early metastasis. This determines the need for early diagnosis and prompt surgical intervention.¹⁻³

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

All authors report no conflict of interest.

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