CPC
Resistant leg Ulcers

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ESIM Riga 2015
‘The physician needs a clear head and a kind heart; his (her) work is arduous and complex, requiring the exercise of the very highest faculties of the mind, while constantly appealing to the emotions and finer feelings’

• Osler 1906
What is the prevalence of leg ulcers in the adult population?

- A 0.5%
- B 1%
- C 2%
- D 5%
- E 7.5%
Summary of history

Age 64, Past history of RA
Obesity, leg ulcers
Treated for venous leg ulcers
Non healing, biopsy showed vasculitis
Punch biopsy of leg ulcer
2009
Progress

2009-2011
Ulcers getting worse
Painful
Thighs
Anterior abdominal wall
2010

Admission with acute abdominal pain
Further investigations
CT Abdomen with contrast
Immunoglobulins/electrophoresis
Bone marrow
Viral screen
2011

Leg ulcers worse
Severe pain
New ulcers, thighs
Leg ulcers 2011
Deep painful and necrotic, thighs and anterior abdominal wall
Problem Solving

• How do we approach a problem when we are not sure what is going on?

• Clinical reasoning-analytical reasoning
An approach for diagnostic prompting
A diagnostic procedure was performed.
What diagnostic procedure would you perform next?

- A  Repeat biopsy of ulcer
- B  Syphilis serology
- C  Culture of ulcer for TB
- D  HbA1c
- E  MR/Angiography of legs
Repeat biopsy of leg ulcer
Second biopsy,
deep incisional biopsy
August 2011
Second biopsy Histology Report

There is striking concentric calcification of a superficial subcutaneous muscular vessel raising the possibility of calciphylaxis.

No active vasculitis seen or specific organisms (Zn, PAS, Brown Brenn).
Calcification seen on original biopsy, 2009
Diagnosis: Calciphylaxis

Rare cause of ulcers

Usually associated with renal failure

Rare associations: hyper-PTH, obesity, prednisolone, inflammatory diseases

Treatment (anecdotally) sodium thiosulphate
There was no vasculitis

The original histology could be explained by calciphylaxis
CT Abdomen, legs Aug 2011
Progress

Calcium/Vitamin D stopped
Prednisolone reduced
Hickman line inserted
Sodium thisosulphate infusions 3x per week
Hickman line developed leak after ~14 days
Further severe sepsis-dying
Palliative care

Decision made to move to palliative care
Transferred to hospice
Died after ~4 weeks
Death certificate

1a. Sepsis
1b. Cutaneous necrosis
1c. Calciphiylaxis
2. Rheumatoid arthritis
Discussion

This case illustrates:
The human side of Internal Medicine

The importance of repeating investigations if patient does not respond as expected
Take home messages

Consider rare causes of leg ulcer if not responding to usual treatment

Don´t be afraid to repeat investigations
Have you seen a patient with calciphylaxis?

A Yes
B No
C Maybe, but I did not recognise it
Any questions?
Further reading
