

# Puzzling Cases: Wound Sleuth



BY Rob Miller

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**A** 70-year-old male had a malignant melanoma removed from his right lower leg 40 years ago. At that time the surgeons did an extensive lymph node dissection and removed the majority of his lymph glands such that over the intervening decades he has developed chronic lymphedema (see Figure 1).



**Question:** What is the name given to this form of chronic lymphedema?

**Answer:** Elephantiasis nostra verrucosa. *Verrucosa* refers to the wart-like quality of all of the small and larger papules and nodules on his leg and is only seen after lymphedema has been present for many years.

**Question:** What special wound-care problems does this patient face?

**Answer:** This patient faces many challenges. He has to deal with the increased size and weight of his leg and institute some form of compressive therapy to help minimize his lymphedema. He also has the daily task of proper cleansing and drying of his leg. As seen in Figure 2, there are multiple areas where the skin can harbour bacteria and yeast due to moisture retention

between the “lumps and bumps.” If these areas are not kept dry, maceration will occur with subsequent bacterial and yeast overgrowth, leading to a situation where the skin may become a portal of entry for pathogenic organisms that can result in infection (cellulitis, erysipelas, lymphangitis, septicemia).

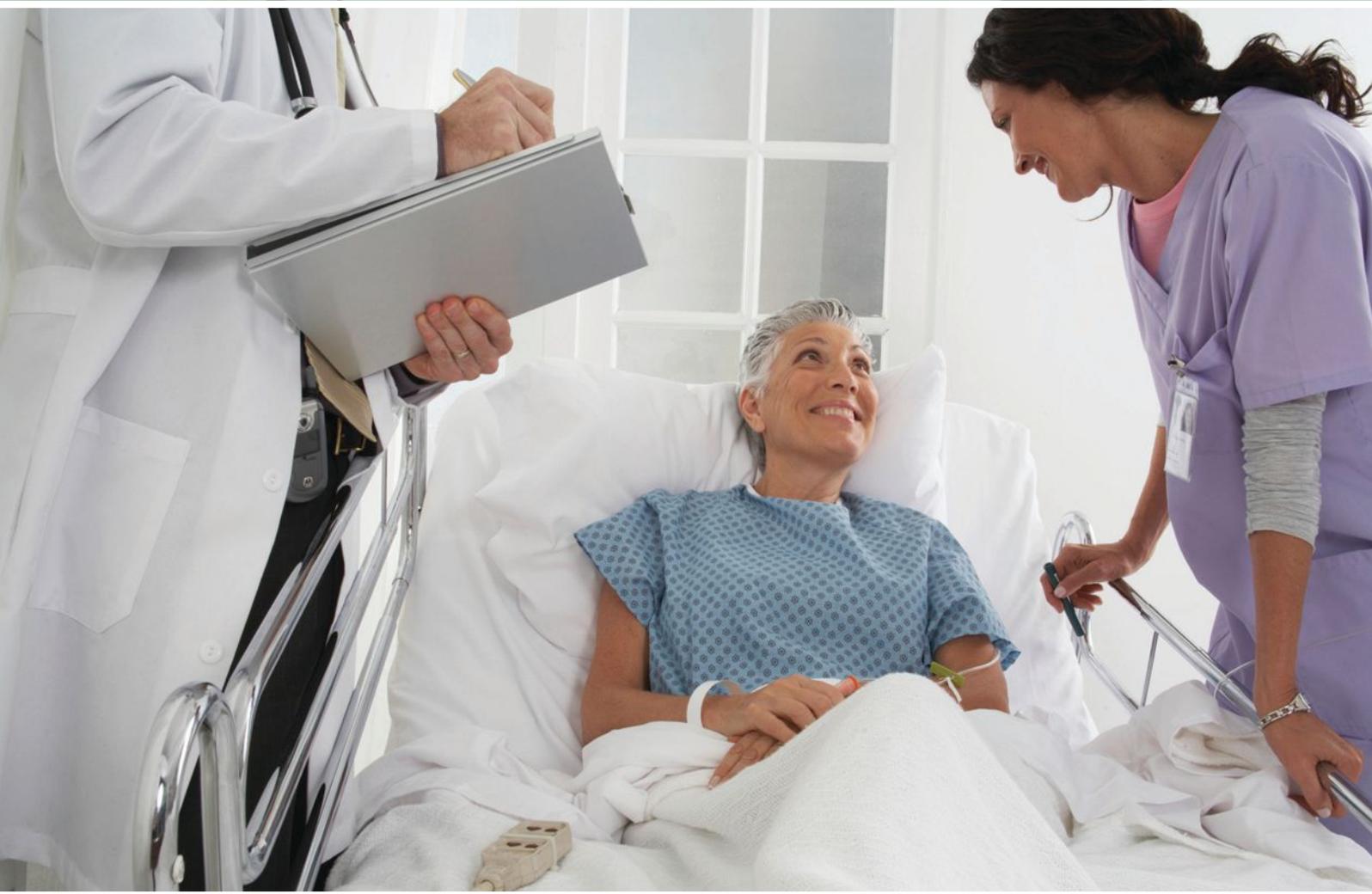
**Question:** What measures does the patient pursue to prevent these complications?

**Answer:** Fortunately, he is extremely adherent to care plans and follows directions carefully. Despite a few attacks of recurrent cellulitis over the years, he has managed quite well and takes special precautions to prevent his skin from drying out (judicious use of moisturizing creams on his lower legs) and fissuring. He uses a hair dryer to gently dry his lower legs and care-



fully removes any extra moisture between the areas of lumpiness. If he has any moist or weeping areas he has been instructed to carefully compress with strips of gauze between the nodular areas of lymphedema (Figure 2). Strict attention to details of proper skin care and a firm understanding of the importance of keeping the bacterial flora on his skin to a minimum have allowed him to have relatively few leg problems. ☺

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