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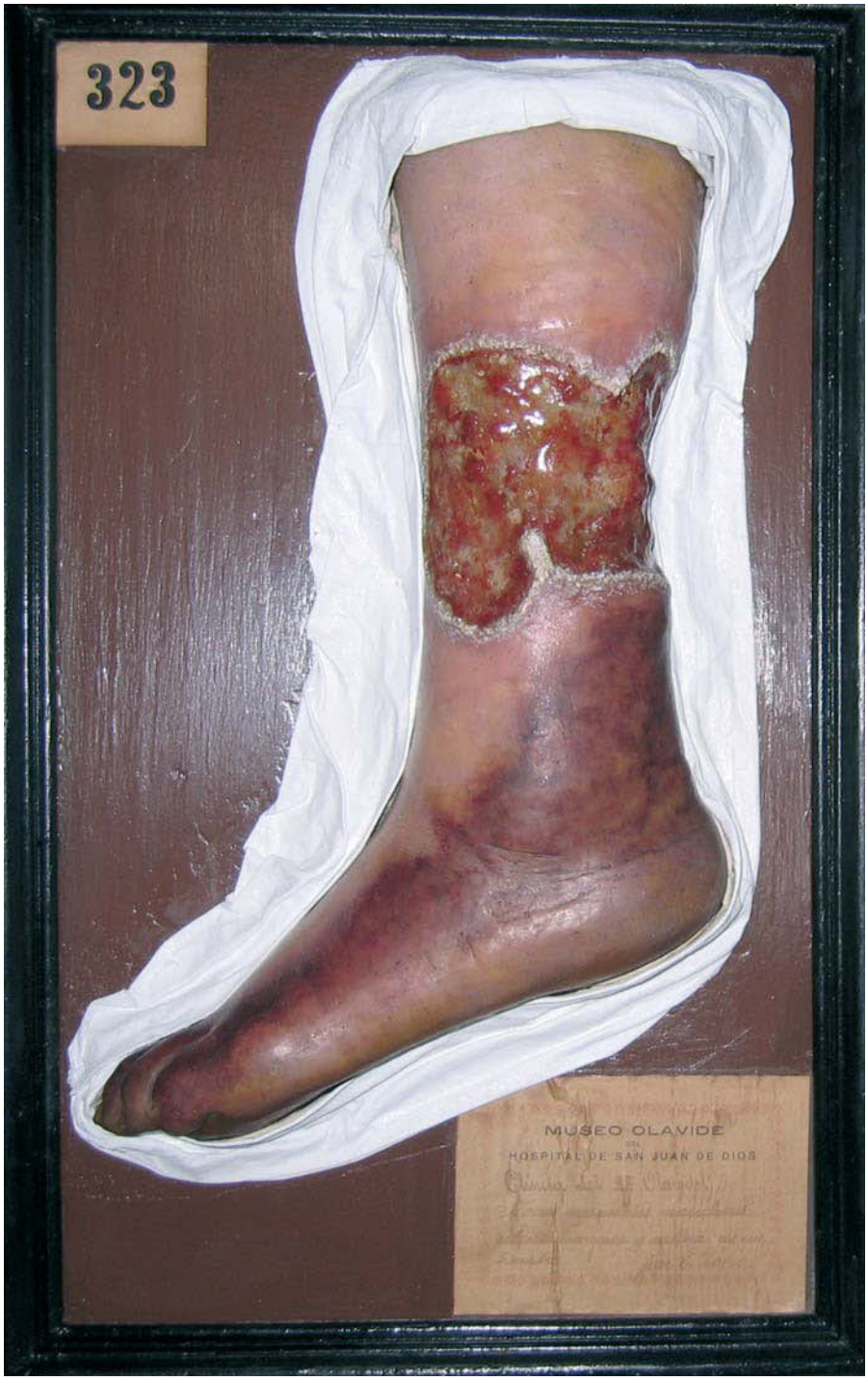
OLAVIDE MUSEUM

Vascular Nevus: A Callous and Varicose Ulcer on the Left Leg

Sculptor: Enrique Zofío, Clínica del Dr. Olavide, Hospital de San Juan de Dios, Ward 7, Bed 14. (Olavide Museum Figure No. 323)



Clinical History

J.A., born in Vega del Pas (province of Santander), 43 years of age and a cowherd by trade, was admitted on October 13, 1879.

He had no family history of interest. Eight years previously, he suffered a hard blow to the anterior middle third of his left leg. This injury, inappropriately treated, led to the formation of an extensive abscess which ruptured spontaneously to the exterior. The skin and underlying tissue was gangrenous, and the abscess was replaced by a deeply ulcerated surface that did not heal. The patient had already spent 2 months in this hospital for this condition in 1877. He asked to be discharged before the healing process was complete, and left the hospital with a small round ulceration. He returned to his arduous labors and, without the resources necessary for treatment and cure, the small ulcer gradually became larger and impossible to contain using the empirical means at hand, until it acquired its current enormous dimensions.

Present condition. In the middle and lower part of his left leg, the patient has a gross ulcer covering the anterior inner and outer aspects of the same leg. It measures approximately 8 cm in length and 13 cm across. Its shape is irregular, although similar to the round ulcer. It is very deep, with thickened perpendicular edges that are grayish-white in color and hardened and callous in consistency. The center is covered with a thick gray coating that is pulpy in consistency and easily broken, causing bleeding. There are no nodules of flesh left anywhere. Suppuration is slight and thin, at times bloody, with a fetid and almost gangrenous odor. Any friction or pressure against the ulcer is very painful. There is no cutaneous congestion at the edges; the surrounding subcutaneous tissue is edematous, as is also the case in the foot, which makes movement difficult. The skin of the entire lower third of the leg is the site of a congenital vascular nevus, characterized by its red-violaceous color and visibly abundant vascularization. The subcutaneous veins are varicose. Finally, the patient's general condition remains unaffected by the local infection and is completely satisfactory.

Treatment. The patient was prescribed a topical treatment of washing of the ulcer followed by application of the normal solution of phenol. By the fifth day the appearance of the ulcer had changed. The grayish film coating it had disappeared, the bleeding had ceased and in some areas a tendency toward the formation of nodules of flesh was visible. By mouth, the patient was prescribed 6 drops of tincture of iodine to be taken in his wine with each midday meal, the dosage to be gradually increased to 10 drops per day. When washing and application of phenol was discontinued, the ulcer was covered with strips of Vigo's plaster and mercurial ointment. The nodules of flesh began to develop, and the edges of the ulcer softened and thinned; the ulcer was rapidly progressing toward scar formation. When the strips of Vigo's plaster were discontinued and the ulcer reduced to the size of a 10-*real* coin, it was treated with a number 2 solution of silver nitrate (1 dg per 30 g of water). A paste consisting of 6 g of bismuth subnitrate, 15 g of juniper oil, and glycerine q.s. was applied to the surrounding area. The tincture of iodine was discontinued, and by mouth the patient was prescribed 2 g of potassium iodide in 100 g of water, to be taken at night in a single dose. On February 27, all topical treatment was discontinued and the ulcer was treated with iodoform ointment, which was substituted on March 5 by resumption of treatment with number 2 solution of silver nitrate and rubber socks on both feet in order to stimulate the reappearance of sweat, which had been suppressed. On April 10 this treatment was discontinued, and aromatic wine prescribed. And in this highly satisfactory condition, since scar formation was nearly complete, the patient requested discharge on April 20.

Comment

In addition to the magnificent description of the treatment and clinical course of the ulcer, the minutely detailed, almost photographic examination of the ulcerated lesion is worthy of note. It details not only the appearance of the ulcer, but includes its length and width, information unfortunately omitted in the majority of clinical histories today.

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