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ULCUS CRURIS OF UNKNOWN CAUSE

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This case is about a woman born in 1977. In 2002 when she had an accident on her job. She was hit on her left lower leg. She was initially treated by Dermatology with antibiotics, and conventional gauze dressings. When the wound did not heal normally, patho-histological findings essentially ruled out livedo vasculitis. Corticosteroids and other immune-suppressants were then administered. This resulted in exacerbated left lower leg ulcers. During the next few years she was treated frequently with antibiotics, anticoagulant therapy, corticosteroids, and HBO.

In 2007 she suffered deterioration of the ulcers on her left lower leg plus appearance of a new ulcer of her right leg. She was again treated with corticosteroid and immunosuppressive drugs but this resulted in further deterioration of the ulcers. In September 2008 after finally being advised to have bilateral below the knee amputations, she came to our hospital's Department of Plastic Surgery. We did a full immunological screening. All results were negative. She had no general symptoms; only aggressively painful, necrotic ulcers on both lower legs.

We discontinued all corticosteroids and immunosuppressive drugs. We decided to conduct long term target antibiotic therapy. With biopsy we proved *Pseudomonas aeruginosa*. Several necrectomies and split skin grafts were done, along with NPWT.

At the end of 2009, we finally got results. Now, her right leg ulcer has completely healed. On the left is a small remaining ulcer that is healing well.

After 8 years of fighting with these ulcers the cause was never fully discovered.

