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Implication of immobility – papillomatosis cutis carcinoides

Introduction

As our bodies age or when they become immunosuppressed, incontinent, malnourished, dehydrated, immobile or simply fragile, our skin is less able to preserve its integrity or heal on its own [1]. The problems of dependent and immobile patients have been discussed over the last decades resulting in training of patients, family members and medical staff to prevent decubitus ulcers. In developed countries normal personal hygiene has a high standard. We present the case of a 82-year-old women who laid on her couch for over one year supplied with food by a relative, resulting in a monstrous form of papillomatosis cutis carcinoides, a disease of which the case was published more than 15 years ago [2].

Case presentation

An 82-year-old woman was delivered to our surgical department without notice in advance. She presented – in an astonishing well general condition – an extreme form of a plain, fleshy, smeary cauliflower like and ill smelling covering of both legs, left (fig. 1–3) more

than right (fig. 4–5). Additionally both legs were swollen because of chronic lymphatic oedema of the lower extremities like elephantiasis and a decubital ulcer was seen on her backside (fig. 6). She was not able to make any dislocation by herself. Previous illnesses were negated. The woman was accompanied by her son, who had supplied her with food over the last year, whilst the patient had laid on her couch. He had tried to send his mother to hospital but she had refused to go until now.

She was diagnosed with papillomatosis cutis carcinoides. After complete washing we applied 3% salicylvaseline two times a day. With this therapy the wax like covering could be removed day by day with the blunt long side of a forceps. After multiple necrectomies, the decubital ulcer was closed with a skin flap by plastic surgeons. With the help of the physiotherapists the patient could mobilise herself at the end of the stay in our department from lying position to the edge of the bed. After 85 days, the patient was discharged and admitted to a nursing home.



Figure 1
Left lower leg, medial side.



Figure 2
Left lower leg, lateral side.



Figure 3
Left ankle.



Figure 4
Right lower leg.

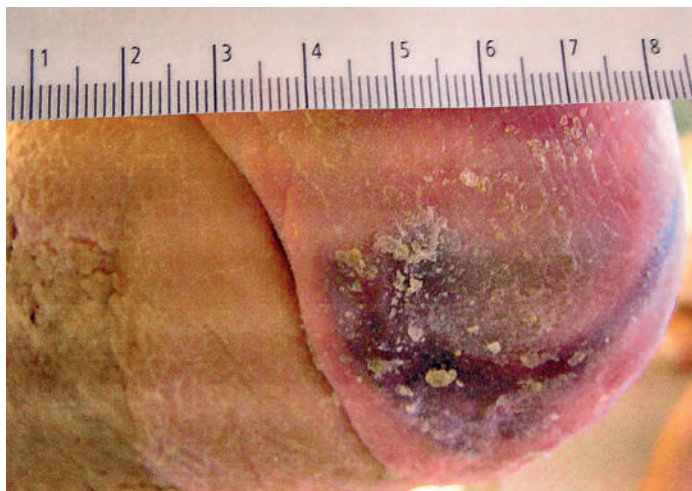


Figure 5
Right heel.

Discussion

Our patient was delivered to our department without notice in advance. She presented with an extreme form of a plain fleshy smeary cauliflower like and ill smelling covering of both legs. The consultation by telephone with the family doctor of the patient showed that he had tried to admit the patient to other hospitals/departments, but after description of the clinical symptoms they had declined to accommodate. The consultation of the dermatologist resulted in the above mentioned diagnosis and therapy. In our surgical department, nobody had ever heard of this disease before. The literature research suggested the therapy with etretinate [2], but it had been removed from the market in 1998 due to the high risk of birth defects. However, routine everyday care of skin is an essential part of optimal patient management in every department [3] plus the need to talk [4]. The squalidness of the patient could have been impeded if adequate therapy had been applied timely. Therefore we hope that this severe form of papillomatosis cutis carcinoides will be historical from now on because of the simple therapy of standard body hygiene.



Figure 6
Pre-existing decubital ulcer.

References

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