

P40

Verrucous hyperplasia in high risk diabetic feet treated with combined topical 5-fluorouracil and vitamin D-3 application

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Background and aims: Verrucous hyperplasia (VP) may be occur in people with diabetes at foot amputation sites, in scars following severe ulceration or after split skintransplantation. VP typically presents as a warty-appearing exophytic mass with fissures and maceration with malodourous exudate. Debridement may be required, sometimes with weekly intervals, with great impact on the patients' life. The literature contains little information on VP in diabetic feet (1,2). Causative factors may be oedema and frictional forces, which should be controlled. Skin transplantation has also been tried (2). Topical treatment with combined application of 5% 5-fluorouacil cream in the morning and 0,0002% vitamin D-3 ointment in the evening has been reported successful although recurrences required new periods of treatment (1).

Patients and methods: Since september 2004 seven males median age 58 years (48 - 67)with diabetes (3 IDDM, 4 NIDDM), duration 1 - 48 years years, have been treated with topical fluorouracil (Efudix®)/vitamin D (Daivonex®). Localization of VP was forefoot after amputations 5, heel in 2. All had neuropathy, no critical ischaemia.

Results: In all cases VP improved or disappeared. At present 3 have been without recurrence of VP for 30, 23 and 18 months; 3 receive periodical treatment and one has deceased. During the treatment 5 revealed a chronic ulceration beneath the VP, requiring revision of the off-loading device or surgical correction. Two of these ulcers are still present and also the deceased patient had a chronic ulceration.

Conclusion: Treatment with fluorouracil/vitamin D is valuable in recalcitrant cases of VP. Since the therapy may reveal chronic ulceration underneath the VP, it is an adjunct to conventional off-loading and surgical correction.

1) Sakai H al. A verrucous lesion on skin grafted ...The Journal of Dermatology 1997; 24: 573-77

2) Rosales MA al. Verrucous hyperplasia. J Am Pod Med Ass. 2006; 96: 348-350