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INTRODUCTION

Hydroxycarbamide (**Hydrea**®) is a cytotoxic agent, usually prescribed for the oral treatment of myeloproliferative diseases, such as chronic myeloid leukaemia, essential thrombocytopenia, primary polycythaemia (Vaquez disease), myeloid splenomegaly, myelofibrosis, etc. **Hydroxycarbamide** is responsible for cutaneous toxicity in the form of pruritus, skin rash, erythema, hyperpigmentation, melanonychia, but also, in the event of treatment lasting several years, ulcerations of the lower limbs linked to cutaneous vasculitis, with this affecting 0.1% of cases treated for Vasquez disease. These ulcers, which are sometimes bilateral, are mainly located on the heels and ankles, are deep and usually very painful, requiring level II or III analgesia. Following review of the patient's history, physical examination (enlarged spleen, erythrosis, etc.), time since the initial diagnosis, duration of hydroxy-urea treatment, examination of the lesion, its topography and the absence of other causes (in particular vascular), suggest a diagnosis of ulceration secondary to treatment with **Hydroxycarbamide**. Treatment with hydroxy-urea should be stopped in the event of such ulcerations, especially in patients having received or receiving concomitant treatment with Interferon. Generally withdrawal of **Hydroxycarbamide** and its replacement with **Vercyte**® (pipobroman) leads to healing of these ulcers.

MATERIAL AND METHODS

The case reported is that of a 78 year-old woman in good general condition, suffering from Vasquez disease which was well-controlled with **Hydroxycarbamide** for several years, referred in February 2006 due to bilateral leg ulcers, on the right instep and the left external malleolus, which were not healing and had been present for 6 months. Vascular assessment eliminated a venous or arterial cause. A diagnosis of very probable **Hydroxycarbamide**-induced ulceration was made and another haematology consultation was requested to consider withdrawal of **Hydroxycarbamide** treatment. Since the haematological assessment demonstrated good control of the polycythaemia, treatment was not stopped. However it was subsequently stopped in May 2007 in the absence of healing of both the ulcers, the treatment was replaced by **pipobroman**. The left external malleolus ulcer proceeded to heal in 6 weeks. However the ulcer on the right instep, with the same local care, did not retrigger healing and the haematological assessment demonstrated good control of the myeloproliferative syndrome under **pipobroman**. Since this wound was also particularly painful, the patient was systematically taking 6 to 8 **Di-Antalvic**® per day. On 25 June 2007, as the wound had been present for two years at this stage, we decided to use a new dressing, **URGOCELL**®**START**, combining TLC technology (URGO patent) with an innovative compound, NOSF (Nano-Oligo-Saccharide-Factor), a metalloproteinase inhibitor indicated in delayed healing chronic wounds.

RESULTS

The **TLC-NOSF absorbent dressing*** was commenced on 25 June 2007 (D0) after failure of previous treatment (photo 1) and led to a rapid resumption of the healing process, visible from the second visit on 9 July, i.e. at D+2 weeks.

In parallel with the resumption of healing a rapid decrease of pain was observed, making it possible to decrease the systematic use of analgesics, with only one dose being maintained prior to dressing changes.

The **lipido-colloid NOSF foam*** was used from 25 June 2007 to 4 September 2007, when complete healing was achieved. Therefore complete, good-quality epithelialisation was achieved in 10 weeks.

Tolerance to the dressing was excellent, with the skin around the lesion being fully preserved.

The dressings were changed every 3 days on average.

Follow-up of the patient made it possible to confirm the quality of healing. She was prescribed compression hosiery in response to the persistence of slight oedema of the lower limbs.



25 / 06 / 2007 : D0 of treatment with **lipidocolloid NOSF foam***



09 / 07 / 2007 : D+2 weeks



06 / 08 / 2007 : D+6 weeks



04 / 09 / 2007 : Complete healing after 10 weeks

CONCLUSION

The new dressing, combining TLC technology and NOSF (MMP inhibitor)*, led to complete healing of a right leg ulcer linked to Hydroxycarbamide-induced cutaneous vasculitis which had failed to heal for 2 years and despite the withdrawal of Hydroxycarbamide 6 weeks previously. Within 2 weeks the lipido-colloid NOSF dressing* led to a resumption of the healing process and the rapid decrease of pain. Complete, good-quality epithelialisation was obtained after 10 weeks of treatment. The tolerance to the dressing was excellent throughout the duration of treatment.

* Brand name: The TLC-NOSF absorbent dressing* is **URGOCELL**® **START** (Cellostart) from Laboratoires URGO. We gratefully acknowledge the support of Laboratoires URGO for the production of this poster