Martorells Ulcer - Hyertensive Leg Ulcer: Effective Management with Cilostazol

M Balachandar

Author's Affiliation: Professor and HOD, Department of Surgery, Palakkad Institute of Medical Sciences, Walayar, Palakkad Kerala. 678624, India.

How to cite this article:

M Balachandar. Martorells Ulcer - Hyertensive Leg Ulcer: Effective Management with Cilostazol . New Indian J Surg. 2020;11(4):555-556.

Abstract

In poorly controlled high Blood Pressure patients developing hypertensive leg ulcers, can be managed effectively by controlling the blood pressure, also with the Cilostazol- Antiplatelet agent with Vasodilating properties.

The study was done in Mount Zion Medical College, Adoor, Kerala and Palakkad Institute medical Sciences Walayar, Palakkad, Kerala, in the period June 2018 to October 2020, with 20 poorly controlled Hypertensive patients with painful leg Martorells ulcer.

By giving Cilostazol along with antihypertensive drugs and antibiotics, analgesics in 10 patients in one group, the ulcer is healing nicely after 15 days, but giving only antihypertensive, antibiotics, analgesics in other 10 patients in another group, healing is not occurring even after one month.

Aim: To prove the effect of Tab. Cilostazol in the management of Martorells leg ulcers.

Keywords: Martorells Ulcer; Hyertensive Leg Ulcer; Cilostazol

Introduction

A Martorells ulcer is a very painful ulcer of the lower leg that develops in association with poorly controlled high blood pressure. It is also called

Corresponding Author: M Balachandar, Professor and HOD, Department of Surgery, Palakkad Institute of Medical Sciences, Walayar, Palakkad, Kerala 678624, India.

E-mail: saimarabala@gmail.com

Martorells hypertensive leg ulcer.

It is due to sudden obliteration of the arterioles of the leg skin. All peripheral pulses are present. The Lumbar sympathectomy is done in Chronic non healing ulcers, along with wound debridement and skin grafting.

So the drug Ciloatazol is tried in this hypertensive leg ulcers, yield good healing in 15 days with out any surgical intervention like skin grafting and Lumbar sympathectomy.

Methods and Materials

Out of 20 patients of Martorells leg ulcer patients, for 10 patients, only anti hypertensive, antibiotics according to the culture and sensitivity, analgesics and dressing given.

Other group of 10 Martorells ulcer patients were given along with dressing, antibiotics, analgesics and anti hypertensive, the drug Cilostazol was given 100 mgs twice a day for 15 days, the response of healing was very good. Since it is drug of vasodilators, dilating the skin arterioles, the healing was quick with in 15 days, by which avoiding the surgical interventions like wound debridement and skin grafting and Lumbar sympathectomy.

Results

The effect of Cilostazol was very good in healing the Martorells leg ulcers quickly with out any surgical intervention in this study. (Fig. 1 and 2)



Fig. 1: Before Treatment With Cilostazol.



Fig. 2: After Treatment With Cilostazol.

Discussion

Since because the cilostazol is a vasodilators, the

healing of this ulcer legs in old age people is good and Quick with in weeks with out any surgical interventions.

Conclusion

So the Cilostazol is helping the Martorells leg ulcers to heal fast with 100 mgs twice a day and the result will be very good in 2 weeks time, by dilating the skin arterioles. This study will be much useful to treat the Martorells leg ulcers in poorly controlled hypertensive old people with out any surgical interventions.

References

- 1. Vuerstaek JD, Reeder SW, Henquet CJ, Newmann HA. Arteriolosclerotic ulcer of Martorell. J Eur Acad Dermatol Venereal. 22010, 24: 867–874, Pubmed. Google Scholar.
- 2. Hexthausen H.. Arterioscleroticulcers of the leg. Nord Med.1940:8:1663–1665. Google Scholar.
- MartorellF.Hypertensive ulcer of the leg. Angiology. 1950;1;133–140.Pubmed, Google Scholar.
- 4. Martorell F. Hypertensive ulcer of the leg. J Cardiovasc Surg, Torino, 1978;19;599–600, Pub med, Google Scholar.
- 5. Davison S, Lee E, Newton ED. Martorells ulcer revisited. Wounds. 2003;15; 208–212. Google Scholar.