Case Report

Dermatology 1993;186:301-302

Neurotrophic Ulcer Following Wallenberg's Syndrome

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Key Words

Neurotrophic ulcers
Wallenberg's syndrome
Cerebral ischaemia

Abstract

A 61-year-old man consulted for two long-standing ulcerations on the scalp and one on the nose, following an acute vascular disorder of the brain stem (Wallenberg's syndrome). The aetiology and pathogenesis of neurotrophic ulcers are briefly discussed.

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Case Report

A 61-year-old patient presented with two chronic and irregular ulcers on the frontal scalp (fig. 1) and a little one on the right side of the nose (fig.2). He did not feel any discomfort or pain.

One year ago, the patient had experienced an episode of giddiness with vomiting on the next day followed by peripheral cyanosis, respiratory troubles, hyposensitivity of the right side of the face and of the left side of the body.

We noted an important dysarthria, troubles of swallowing, osteo-tendinous reflexes more intense on the right side and a light peripheral facial paralysis of the right side of the face.

The diagnosis of Wallenberg's syndrome was made and confirmed by complementary investigations (electro-encephalogram, evoked potentials, carotidian Doppler, cerebral scanner).

The treatment consisted of Lysine-Acetylsalicylate (500 mg daily) and Dipyridamole (2 daily).

The evolution was favourable except for swallowing and dysarthria.

Wallenberg's syndrome is the most frequent infarct of the brain stem, following an ischaemia of the lateral area, retro-olivarian of the medulla, caused by an occlusion of the posterior-inferior cerebellar artery. The prognosis is relatively favourable.

Discussion

A neurotrophic ulcer is a form of chronic ulceration developing on an anaesthetic area of the skin [1, 2]. The origin is the loss of pain sensation and traumatism. Many neurological disorders may induce neurotrophic ulcerations: syringomyelia, spina bifida, dorsal tabes, sensitive hereditary neuropathy, congenital indifference to pain, leprosy, alcoholization of Gasser's ganglion and cerebral ischaemic accidents as in our case.

Trauma is an important initiating factor; sometimes it is self-inflicted because of paresthesias in the analgesic area. These ulcerations are painless and are frequently confused with epitheliomata.

The treatment consists of prevention of trauma and infection. Whenever the aetiology is an ischaemia, the prescription of platelet anti-aggregants is mandatory.

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Fig. 1. Two chronic and irregular ulcers on the frontal scalp.
and irregular ulcer on the right side of
the nose.

Fig. 2. One small, chronic

References

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