MARTORELL’S ARTERIOLAR HYPERTENSIVE LEG ULCER.
RESULTS OF AMBULATORY TREATMENT ON 366 CASES.

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Introduction:
The hypertensive (Martorell’s) ulcer is an uncommon sickness with specific clinical and pathologic features seen mostly in aged patients because of increased life expectancy and high incidence of arterial hypertension.

Objective: The purpose of the paper is to present the results of a 10-year-experience in ambulatory treatment of unilateral Martorell’s ulcer on 366 patients.

Major clinical features: 1) painful ulcer located in the anterolateral aspect of the leg, 2) sudden superficial or deep skin necrosis by arteriolar occlusion (upper dermis, mid and lower dermis), 3) arterial hypertension, 4) initiation after slight skin trauma, 5) pain increased by rest in bed, 6) tendency to increase in diameter during the first weeks, 7) women older than 60 years, 8) no venous pathology, 9) patent and pulsatile distal arteries of the foot, 10) tendency to recurrence in other locations. Pathological features: dermal and/or subdermal arteriolosclerosis.

Patients and Methods: One CV surgeon and two trained nurses working 18 hours/weekly in a Ulcer Clinic are the base of the program. Patients: 281 women (mean age 74.4±10) and 85 men (mean age 71.6±14); ulcer area in cm²: 7.1 (median) 3-19 (interquartile range); ulcer “age” in days: 60 (median) 30-120 (interquartile range); diabetes 35.2%; overweight 31.1%; hypertension 97.8%; arteriolosclerosis (pathology) 100%. Treatment: The management of patients is based upon three aspects: 1) Treatment of hypertension (hyposodic diet, diuretic and hypotensive drugs, physical activity); 2) Treatment of the necrotic lesion (ambulatory surgical debridement, zinc oxyde + lycodaine (“Platsul A®”) ointment dressing twice a day); 3) Treatment of pain (progressive steps following pain intensity).

Results: Actuarial analysis (Kaplan and Meier): Cumulative ulcer healing: 3th month 34.3%, 6th month 65.3%, 9th month 80.5%. Multivariate analysis (Cox and Snell): Only two significatives variables for delayed ulcer healing: ulcer area (p<0.01) and diabetes (p=0.02).

Conclusions: 1) Martorell’s ulcer is a clinical entity well differenciated from venous ulcer. 2) The aim of the treatment should be to stabilize hypertension, to manage the necrotic lesion and to mitigate pain. 3) The results of treatment in terms of cumulative ulcer healing at the 6th month is worse (65.3%) than the venous ulcer results (76.4%). 4) The multivariate analysis showed ulcer area and diabetes as significative risks factors for delayed healing. 5) Early clinical diagnosis should eliminate the venous ulcer and other dermatologic pathologies in order to start an adequate treatment.