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Marjoram Ulcer of the Scalp: A Case Reported at the Sikasso Reference Health Center (Mali)

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Abstract **Case Report**

Marjolin's ulcer (MDU) refers to malignant tumors that develop on unstable scars, resulting from chronic inflammation, trauma, or old burns. It is often a squamous cell carcinoma. We report a case of Marjolin's ulcer, which occurred 30 years after a thermal burn to the scalp, in a 35-year-old patient whose histological type is a poorly differentiated squamous cell carcinoma. The patient was a 35-year-old Malian farmer who presented with a scalp ulcer that had been developing for one year. Physical examination revealed a large (12 x 8 cm) ulcerated and proliferative tumor on the vertex of his head. There was no associated cervical lymphadenopathy. The remainder of the clinical examination was normal. The CT scan revealed a likely homogeneous, expansive, tissue-dense lesion with irregular external borders, arising from the frontal scalp without any obvious overlying lysis. No intracranial involvement was evident on unenhanced CT. Histological examination of a biopsy fragment confirmed the diagnosis of poorly differentiated squamous cell carcinoma.

Keywords: Marjoram ulcer, scalp, Sikasso, Mali.

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INTRODUCTION

Marjolin's ulcer (MDU) refers to malignant tumors that develop on unstable scars, resulting from chronic inflammation, trauma, or old burns. It is often a squamous cell carcinoma [1].

We report a case of Marjolin's ulcer, which occurred 30 years after a thermal burn to the scalp, in a 35-year-old patient whose histological type is a poorly differentiated squamous cell carcinoma.

CASE REPORT

This was a 35-year-old Malian farmer who presented with a scalp ulcer that had been developing for one year. The lesion began as a small erosion on a burn scar in the right parietotemporal region of his scalp, which had been present since he was four years old. The patient had received several courses of antibiotics and antiseptics without success.

There was no history of initial trauma, and the patient had no significant medical history. Physical examination revealed a large (12×8 cm) ulcerated and proliferative tumor on the vertex. There was no associated cervical lymphadenopathy. The remainder of the clinical examination was normal.

The CT scan revealed a likely homogeneous, expansive tissue process with irregular external borders, developing from the frontal scalp without any obvious overlying lysis. No obvious intracranial involvement was observed on unenhanced contrast. Contrast injection was not performed due to a lack of resources.

Histological examination of a biopsy fragment confirmed the diagnosis of poorly differentiated squamous cell carcinoma.

The treatment consisted of a wide and deep excision. The postoperative course was uneventful.



Figure 1 front view: squamous cell carcinoma on burn scar of the scalp (Marjolin ulcer).



Figure 2 profile view: squamous cell carcinoma on burn scar of the scalp (Marjolin ulcer)

DISCUSSION

To our knowledge, this is the first case of Marjolin's ulcer reported in the imaging department of the Sominé Dolo hospital in Mopti, Mali.

In our patient, the time between the appearance of the scar and the onset of the tumor was 30 years. Studies conducted by Ouahbi et al. found an average time of 18.9 years, with extremes ranging from 4 to 42 years [2].

Marjolin ulcers most often appear in areas of chronic burns. They are also observed in areas of chronic inflammation such as non-healing wounds, venous

ulcers, lupus vulgaris, vaccination scars, snakebite scars, bedsores, areas of osteomyelitis, pilonidal abscesses, and areas of radiotherapy [3].

In our patient, the tumor arose on a burn scar and the budding appearance of the ulceration, as well as the lack of healing despite the treatments carried out, led to the suspicion of a malignant tumor, which was confirmed by histopathological examination.

Squamous cell carcinoma is the most commonly reported type of cancer in Marjolin's ulcer [4]. In our patient, the reported histological type was squamous cell carcinoma.

CONCLUSION

Marjolin's ulcer, a serious complication of burn sequelae, is uncommon. Its treatment is primarily preventative, relying on proper initial management and regular monitoring of burn scars. Furthermore, in cases of suspicious lesions, surgical treatment must be radical from the outset.

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