The ointment is mightier than the scalpel

Andre Khoo, Nick Levell

Department of Dermatology,
Norfolk & Norwich University
Hospital, Norwich, UK

Correspondence to
Dr Andre Khoo,
andre.khoo@cantab.net

Accepted 2 October 2015

DESCRIPTION

Surgical debridement and amputation were considered by the admitting team, for malodorous crusting legs with maggots in a 62-year-old man (figure 1A). We tried a simpler remedy: 500 g of a greasy emollient (30% yellow soft paraffin, 30% emulsifying wax, 40% liquid paraffin) was applied for 15 minutes followed by debridement with tweezers and compression, giving a much improved appearance (figure 1B). The maggots were physically removed during the cleaning process. The patient admitted to poor compliance to a gluten-free diet for his coeliac disease, explaining an albumin level of 19 g/L leading to lymphoedema with secondary cutaneous changes.

Contributors AK was involved in the care of the patient, sourced the photographs, obtained written consent and wrote up the article. NL was involved in the care of the patient, and reviewed, edited and approved the article prior to submission.

Competing interests None declared.

Learning points

- ▶ An assessment of the skin should be made only when the skin has been cleaned. This is particularly the case in patients with poor physical hygiene, as superficial debris can change the appearance of the skin.
- ▶ Cleaning can be performed with the aid of emollients and tweezers to unmask the true state of the underlying skin.
- ▶ Always consider the possibility of systemic disease when confronted by cutaneous changes and lymphoedema.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Figure 1 (A) Admission. (B) Post-treatment.

CrossMark

To cite: Khoo A, Levell N.
BMJ Case Rep Published
online: [please include Day
Month Year] doi:10.1136/
bcr-2015-212716

Copyright 2015 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow