A 49-YEAR-OLD WOMAN WITH MORBID OBESITY AND HYPERTENSION PRESENTED WITH EXTENSIVE AREAS of redness and weeping sores on her legs. She had an 8-year history of chronic venous stasis and lymphedema. The physical examination of the lower extremities showed chronic changes of dependent edema with hyperkeratosis, papillomatous plaques, and loosely adherent crust and cobblestone-like nodules that extended to the thigh (inset), along with more acute changes that included erythema up to the knee with a weeping superficial ulcer on the anterior aspect of the left leg below the calf. Venous Doppler studies of the legs and feet revealed no evidence of deep-vein thrombosis. These changes that occur as a result of chronic venous stasis are known as elephantiasis nostras verrucosa. There is often no history of filariasis, but patients often have lymphangitis, cellulitis, scleroderma, and obesity. She was treated with wound care and a brief course of antimicrobial therapy. The erythema and warmth improved after 2 days.

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