

LETTER TO THE EDITOR

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To
Editor-in-chief
Journal of Bangladesh College of Physicians &
Surgeons
Mohakhali, Dhaka

Dear Sir,
Thank you for publishing the article “Earlier Development of limb Ulcers, Digital Bone infarction and Pulmonary Hypertension In a Patient with SLE- A rear Case Report” in your prestigious journal. It was well presented and contained valuable information.

Patients having skin ulcers with connective tissue disorder is a nightmare for a plastic surgeon as it is very difficult to cure it surgically as the underlying pathology most of the time remains untreated. So pre-operative diagnosis may be helpful in these patient before doing any surgical intervention. The cause of ulceration is multifactorial¹ but the most common being the vasculitis,² but dystrophic calcification³ was also reported. Most of the patients are antiphospholipid antibody positive but negative patients has also been reported^{3,4}

C.E yildiz⁴ reported treatment of the cutaneous ulcers by treating venous reflux with endovenous radiofrequency ablation of bilateral great and small saphenous veins, NPWT(negative pressure wound therapy) and thrombin enriched thrombocyte concentrate in a patient with 20year non healing venous leg ulcer with SLE .

More studies including case series will be helpful in determining the management protocol for the skin ulcers in SLE or patient with other connective tissue disorders.

Finally I thank the authors for writing the article

Dr Shariff Asfia Rahman
Assistant Professor(Plastic Surgery)
Dhaka Medical College

References :

1. Dabri G, Falanga V. Connective Tissue Ulcers. *J Tissue Viability* 2013;22(4):92-102
2. Uva L Cutaneous Manifestation of Systemic Lupus Erythrematosus. *Autoimmune disease* 2012;834291;p-15. <http://dx.doi.org/10.1155/2012/834291>
3. Lederhandler M, Valins W. leg ulcers in Systemic Lupus Erythrematosus associated with underlying dystrophic calcinosis and Bone infarcts in the absence of antiphospholipid antibodies. *JAAD reports* March 2016;2(2):164-7
4. Yildiz C.E, Conkbayir C. Successful treatment of a 20year non healing venous leg ulcer with Systemic Lupus Erythrematosus *AMS2017Apr*;13(3)691-95 .

To
Dr Shariff Asfia Rahman,
Assistant Professor(Plastic Surgery)
Dhaka Medical College.

Thanks for your compliment and comment about my case report. I am very much delighted and glad for your valuable suggestions and information regarding latest management of cutaneous limb ulcer in a patient with SLE. I think plastic surgeons have scope of doing a lot for cutaneous ulcers and digital gangrene of patients with SLE. Multidisciplinary collaborations is needed for proper management of this types of patient. Again thanking you for your valuable comments.

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