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장기간 지속된 화상 반흔에서 발생한 천골부 Marjolin 궤양: 증례 보고

Marjolin's Ulcer of the Sacral Region Arising from a Longstanding Burn Scar: A Case Report



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Purpose: Marjolin's ulcer refers to malignant transformation arising from chronic scars or non-healing wounds, most commonly presenting as squamous cell carcinoma (SCC) in burn scars. It typically occurs after a long latency period and may demonstrate aggressive clinical behavior. We report a case of SCC arising from a longstanding burn scar in the sacral region treated with wide excision and split-thickness skin graft (STSG).

Methods: A 64-year-old male with diabetes mellitus and dyslipidemia had extensive burn scars on the buttock region from a burn injury sustained at five years of age. Several years prior to presentation, a chronic ulcer developed within the scar and gradually enlarged. Physical examination revealed a large ulcerative mass in the sacral area. Biopsy confirmed SCC. Magnetic resonance imaging (MRI) demonstrated a protruding soft tissue tumor with dermal infiltration without definite invasion into muscle or fascia. Wide excision with a 5-mm safety margin was performed, resulting in a 14 × 8 cm defect with partial muscle exposure. The defect was reconstructed with STSG harvested from the right posterior thigh.

Results: Histopathology revealed well-differentiated SCC (11 × 6.5 cm) arising from a burn scar with a depth of invasion of 17.7 mm. No lymphovascular or perineural invasion was identified, and all margins were tumor-free. The postoperative course was uneventful, and minor graft loss healed with conservative wound care.

Conclusion: Malignant transformation can occur in chronic burn scars even decades after injury. Early diagnosis and appropriate surgical management with adequate excision and reconstruction are essential for optimal outcomes.



Fig. 1. Preoperative clinical photograph showing an ulcerative, exophytic mass arising from a chronic burn scar in the sacral region.

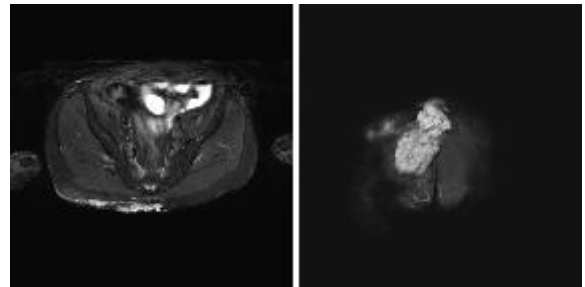


Fig. 2. Magnetic resonance imaging (MRI) of the sacral region demonstrating a protruding soft tissue tumor arising from a chronic burn scar. The axial view (left) and coronal view (right) show a mass with dermal infiltration and strong contrast enhancement without definite extension into the underlying muscle or fascia.



Fig. 3. Intraoperative gross specimen after wide excision showing an ulcerative tumor arising from a chronic burn scar in the sacral region.



Fig. 4. Postoperative clinical photograph at 6 months after wide excision and split-thickness skin graft (STSG) for squamous cell carcinoma arising from a chronic burn scar in the sacral region, demonstrating stable graft take without evidence of local recurrence.