

CUTANEOUS ULCERS DUE TO PENTAZOCINE ABUSE

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Sir,

A 30 year-old male presented with painful ulcers over the limbs for last one month. The ulcers were preceded by blisters. Examination revealed multiple round to oval ulcers of variable sizes ranging from 2-3cm*1-2cm with well defined margins, sloping edges and floor consisting of pale granulation tissue at some places with peripheral hyperpigmentation over dorsal aspect of both hands and feet. Patchy gangrenous changes with areas of normal skin in between were present on dorsal and ventral aspect of ring and little finger of left hand, [Figure1] There was history of repeated pentazocine injection (for backache) abuse for last 6 months at the sites of ulcers. Histopathological examination revealed partly ulcerated orthokeratotic epidermis with adherent neutrophilic exudates. Superficial dermis showed perivascular and periadnexal mixed inflammatory infiltrate comprising of neutrophils, eosinophils and few lymphocytes, [Figure2].

Pentazocine is one of the commonly used drug for the management of chronic pain. Its abuse can lead to varied presentations on the skin, which may include irregular ulcers with surrounding hyperpigmentation, induration, nodules, fibrous papules or scars along the blood vessels,¹ One of the



Figure 1 (a,b,c,d): a. multiple round to oval ulcers of variable sizes ranging from 2-3cm*1-2cm with well defined margins, sloping edges, overlying crusting and surrounded by peripheral hyperpigmentation present over dorsal aspect of both hands. Patchy gangrenous changes with areas of normal skin in between present on dorsal aspect of ring and little finger of left hand. b. close up view of variable sized multiple round to oval ulcers arranged in linear pattern on dorsal aspect of right hand. c. single triangular ulcer with sloping edges, floor covered by pale granulation tissue and surrounded by peripheral hyperpigmentation present on extensor aspect of left elbow. d. well defined variable sized ulcers surrounded by peripheral hyperpigmentation present on dorsal aspect of feet.

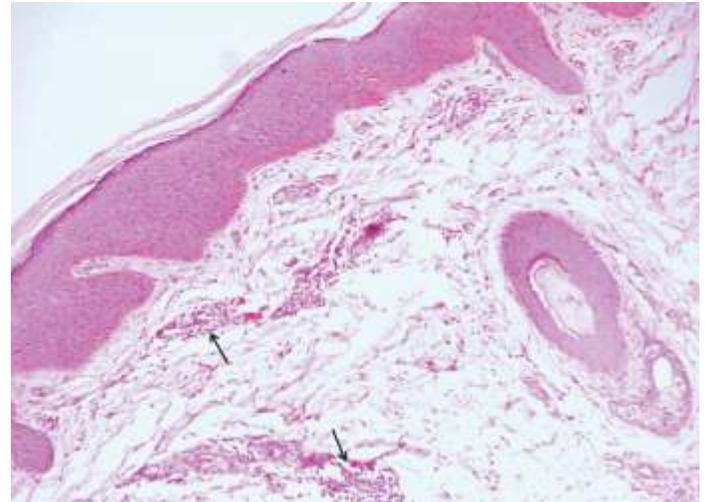


Figure 2: section shows mixed inflammatory infiltrate around superficial dermal vessels (arrows; Hematoxylin and Eosin, 100x)

characteristic of these lesions is that they are mostly present on accessible sites like arms, forearms, abdomen and thighs.

Exact pathogenesis is unknown however it is believed that pentazocine gets precipitated in extracellular fluid thus leading to chronic inflammatory response. Also the vasoconstrictive and vaso-occlusive effects of pentazocine leads to an ischaemic response.²

Histopathology shows mixed inflammatory infiltrate. Neutrophilic septal panniculitis can be seen if subcutaneous fat is involved. Pentazocine induced ulcers rarely respond to conservative treatment. Surgical excision followed by skin grafting is the treatment of choice.^{2,3}

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