

Elephantiasis Nostras Verrucosa

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A 60 year-old woman from home alone with severe self-neglect, presented to hospital with chronic bilateral lower limb discomfort. On examination, she had severe bilateral lower limb hypertrophic disfigurement with hyperkeratotic plaque. There was woody induration and pitting oedema over the shins, and maggot-infested wounds with cellulitis features. Her footwear was encrusted into her feet. Inflammatory markers were elevated and wound swab cultured penicillin-sensitive *Staphylococcus aureus*. She received wound care and six days of intravenous cefazolin, but subsequently discharged against medical advice and did not take further antibiotics. She re-presented four months later with fevers, worsening disfigurement and toe osteomyelitis. She was diagnosed with elephantiasis nostras verrucosa—a rare, severe form of non-filarial lymphedema. Underlying aetiologies include malignancy, hypothyroidism, heart failure, obesity, venous stasis and chronic bacterial infection—as in this case. She was treated with antibiotics, saline cleanses, emollients and dressings. Infection improved but lower limb disfigurement was irreversible.

