GIANT VENOUS ULCER ON LEG









About mid December, I noticed a red mark on the back of my left leg. It was a bit sore. There were vein like marks spouting out from the red sore. It was very small.

I went away in December for three weeks and there was little change in the leg and it was not a problem.

When I returned to Auckland I found that the sore was spreading. It was troubling me, so I went to Dr. Wong at the Titirangi Medical Centre on January 10th 2002.

Doctor and nurses were puzzled and thought it might be an ulcer. They applied various types of dressings approximately every 2 days. The sores become worse, more inflamed and the leg appeared to be rotting. Black patches appeared daily on the sore (see photo) and they said it was dead skin. They proceeded to pick at the sore (to remove black skin) and I was in agony.

After about 3 weeks I could bear it no longer and consulted a prominent skin specialist – Professor Shaw.He looked at the wound, shook his head and said, "I'm not going to charge you because I don't know what it is!"He referred me to surgeon Wilbur Familla, who is based at the Super Clinic at Manukau City. He is known to me and saw me for a gall bladder problem. I also have a serious heart condition.

He saw me about a week later was not sure what it was and referred me to a Dermatologist at the Super Clinic. She was Darian Rowan, I saw her about a week later. The pain was unbearable, it was agonizing, and I could not walk on it. I could not eat and felt really, really ill all that time.

My family and I and the Bishop of our church were really afraid that I was going to loose my leg.

Darian Rowan a prominent surgeon got a photographer to take photos of the wound and told me to come back the following week to have a biopsy done.

Another week was to go by. I never heard from her for two or more weeks and than I received a letter from her. She wrote that she would refer me to the North Shore Hospital and they would contact me in due course. By this time, the Bishop of our church had become very concerned about my condition and told me to contact a specialist and said that church fund would pay. I found a Dr. Scollay who saw me almost immediately and told me to come back the next day for a biopsy. I have just been told that a letter of his findings has been sent to Dr Joseph of the White Cross Hospital in Ellerslie. I have requested a copy.

About this time I became aware of the Bioptron Light. I had heard John Gillespie talking about this light and its remedial cures for many complaints including leg sores etc. I was not sleeping at all some nights, and I was in agony and thought "Well. I've got nothing to lose", so I rang up Radio Pacific and asked John to contact me. He came around to give me my first treatment on 21st March and is still treating me almost daily.



The dead tissue is all gone and the healing process is quite remarkable. We have a few photographs taken of what turned out to be a giant venous ulcer or so they say, although it might have been originally a white-tail spider bite!

John also uses an Oxy Spray, before and after Bioptron Light Therapy as a mild disinfectant and to speed up the healing process.

The Waitakere District Nurses, after telling me that the leg would take months or even up to a year to heal, are now really impressed to say the least, as was Tom Morris - specialist of Epsom, who I was sent to for treatment. His charges were about \$250.00 and I did not benefit from the treatment or instructions, a really unbearable stocking, so very tight it cut off the blood supply.

I am really grateful to John and the Bioptron Light because I have been through a lot of pain, agony and expense trying to regain my health. Consultation and treatment from one specialist alone cost me \$750.00 which my church paid for and for which I am thankful.

I only wish other people would not need to go through similar experiences.

Anna Fletcher

Glen Eden, Auckland

a. f. Fletcher 16/5/2002



ANNA FLETCHER HOSPITAL RECORD

16 April 2002

Dr Joseph White Cross Ascot PO Box 128 298 REMUERA Auckland 1005

Dear Doctors

Re: Mrs Adrienne Janet FLETCHER

DIAGNOSIS:

- 4 year history of painful reticulated ulcer left calf changes of lipo-dermatosclerosis suggesting that venous hypertension is the primary cause of this problem.
- Nothing histologically to suggest pyoderma gangrenosum or chronic specific infection.
- Bacteriology of tissue from the wound edge has been negative, as so far been the mycology and tuberculous cultures.

MANAGEMENT:

• Suggest that Mrs Fletcher be referred to n Specialist Vascular Unit such ns Mr Tom Morris for assessment of her leg venous system and initial management with compression stockings.

COMMENT:

Enclosed is a copy of the eventual report on the histology of a generous biopsy from Mrs Fletcher's ulcer. These show changes of lipo-dermatosclerosis which is a change most often seen in ulcers due to venous hypertension (stasis ulceration).

While I realise that this is occurring in the context of a clinical picture, where there is no evidence of venous veins, this in no way denies the diagnosis.

The management that flows from this understanding of the etiology of Mrs Fletcher's ulcer is on assessment of the venous anatomy of her leg by a specialist vascular unit, such as Mr Tom Morris' and the initial use of compression stockings to heal the ulcer. Hopefully surgically remediable causes of venous hypertension will be found and they con be dealt with.

Yours sincerely,

David Scollov

