Actinic keratosis and Bowen's disease: case of a Leg Club member

Mrs SD is an 84-year-old woman with hypertension, arthritis, severe actinic keratosis and Bowen's disease (multiple squamous cell carcinoma). She developed a wound from the Bowen's disease that has persisted for about 10 years. Mrs SD granted permission for her story to be told.

Mrs SD had worked in a secretarial role for most of her life. She has been widowed since 2008 and has two children and two grandsons whom she adores. Her time is now taken up with her grandsons, and she is an avid knitter and plays the ukulele. Bowens' disease had reduced her quality of life, and this was something she had never been able to come to terms with.

Bowen's disease is a precancerous condition of the skin and/or mucosa with a predilection towards sun-exposed areas (Gahalaut et al, 2012), and it may cause multiple lesions (Montesu et al, 2017). Bowen's disease affects the squamous cells, which are in the outermost layer of the skin, and it is sometimes referred to as squamous cell carcinoma in situ. The patch is usually very slow growing, but there is a small chance it could turn into a more serious type of skin cancer if left untreated (NHS, 2019). If the patch bleeds, starts to turn into an open ulcer or develops a lump, it could be a sign that it has turned into squamous cell skin cancer. It is usually persistent and progressive, with a small potential for invasive malignancy, although spontaneous partial regression may occur (Cox et al, 1999).

Mrs SD's ulcer was open and bled occasionally. She was referred to the Lindsay Leg Club for treatment. The Leg Club has specific methods for treating problems of the lower limb/foot and leg ulcers with an aim to empower members to be responsible for some of their wound care. In this instance, the clinical team explained the cause of Bowen's disease and the potential for further complications caused by exposure to the sun, and they advised her to avoid this completely (*Figure 1*).

A Doppler scan was performed to assess Mrs SD's ankle-brachial pressure index (ABPI), which is a non-invasive method of assessing peripheral arterial perfusion in the lower limbs and a measure of the fall in blood pressure in the arteries supplying the leg. This informs the nurses whether it is safe to apply compression in order to heal a leg ulcer. Her ABPI was 0.9, which meant it was safe to compress, as an ABPI between 0.8 and 1.2 demonstrates that there is no severe arterial disease.

Modern materials and advancements in technology have enabled today's manufacturers to produce compression systems that are aesthetically acceptable to individuals, which leads to greater concordance with treatment. Since previous compression bandage systems had been unsuccessful in Mrs SD's case, a wrap system was considered. Compression wraps benefit patients (or carers), since they are able to apply their own compression therapy, and this also reduces clinician input, leading to significant cost savings. Additionally, involving Leg Club members in their own care can have a positive impact on compliance and clinical outcomes. A recent innovation in the wrap system provides measurable, adjustable compression to the leg through a reusable wrap, designed to allow 6 months of daily wear. There are numerous wrap systems available but, in this instance, the Jobst FarrowWrap 4000 adjustable short-stretch compression wrap system was selected (*Figure 2*). The wound healed quickly under the care of the Leg Club nurses and volunteers and remains healed.

A letter of appreciation was received from Mrs SD, where she said:

> *'After only 1 week, I cannot begin to tell you what a difference the wrap made to my daily life. My legs continued to heal, and I am in charge of washing, applying whatever medicated cream/lotion is currently being used to assist in further healing of my skin. Right from the start, I had no trouble in using the FarrowWrap and liner. Once I had been shown just how to wrap the four straps around my leg to provide the correct compression and to fold back the Velcro tabs on themselves in order to prevent them sticking to the other wrap or my clothes, I found that it took only a few minutes to get both legs into the wraps. Admittedly, I had a bit of work to do before applying the wrap, that is, wash and cream and apply medicated lotion to the affected skin, but at last, I was in charge and could do this on a daily basis, thus limiting the nurses at the doctor's surgery to two visits per week.'*
> *'I now attend the local Leg Club once a week, just to make sure all is going ok and that I did not need the application of a different cream. My consultant at the general hospital could not be more pleased with the progress of my skin condition, but*

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Figure 1. Mrs SD's legs. She has serious issues with the skin, but the treatment has kept her free from oedema

Figure 2. FarrowWrap in situ

she knows that the steroid tablets are also helping to assist the healing. She was pleased to see I had been prescribed wraps, as this has reduced the time her nurses have to spend bandaging my legs after she had inspected them.'

'I highly recommend FarrowWrap and am delighted to be able to wear shoes once again. The compression bandaging was making my feet so big, that I was having to wear sandals with Velcro fastenings—not a pretty sight, and my feet were freezing!'

Mrs SD stated that, as her local Leg Club venue is closed at present due to the COVID-19 pandemic, she misses attending it, because of the companionship and moral support from fellow members and staff.

She explained that the Leg Club enables her to attend even if not being treated. Further, Mrs SD is in the Well Leg regime, which enables the nurses to regularly assess her skin to ensure the wound does not return, and if it should return, they can quickly treat her before it becomes severe. Additionally, if she struggles to apply the compression hosiery that she requires, then her hosiery can be changed while she is in the club.

The ethos of Leg Clubs is to empower the member, to improve their education in the care of their own skin, which reduces the likelihood of their conditions recurring. With this in mind, the Leg Club nurses had commenced Mrs SD on hosiery and a wrap. This not only allowed the wound to heal, but it also meant she is able to continue using the product independently in order to prevent the return of the ulcer.

The social Leg Club model enables members to attend whenever they wish, and, when they are transferred from active treatment, they continue to attend for maintenance, through the 'Well Leg' programme, which is an integral part of the social model and is aimed at health education, advice, maintenance and prevention of further leg-related problems once an ulcer has healed. Members whose wounds have healed and who wish to keep their wounds healed attend on a regular 3-monthly basis for a full reassessment, support and advice.

Mrs SD really enjoyed the social Leg Club atmosphere and referred to the care and friendliness she receives as 'bloody marvellous.' These cases underline the value of Leg Clubs for those with leg wounds. CWC

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