

Melanoma and the Diabetic Foot

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Introduction

- Malignant melanoma can mimic chronic diabetic foot ulcerations (DFU) leading to delayed diagnosis
- Early biopsy is critical to improving clinical outcomes
- We report 2 cases of melanoma, initially referred to a specialist diabetic foot clinic as 'DFU's.

Case Report 1

Patient: 91 year old male with prior DFU history

Presentation (Jan 2025):

- 2-week history of toe ulceration, initially healing within 12 weeks.
- Recurrence (week 18): Re-ulceration with heavy exudate, friable tissue, hyper-granulation and scarring (Fig. 2)

Management:

- Referred to dermatology – referral redirected to vascular service. Podiatry requested urgent biopsy due to atypical presentation.

Diagnosis:

- Stage 2c malignant melanoma
- No metastatic disease

Outcome:

- Wide local excision with toe amputation
- Ongoing regular clinical surveillance

Case Report 2

Patient: 88 year-old female, no prior ulceration history.

Presentation:

- Unclear history of subungual ulceration
- Managed at home for 7-8 months (figure 3)

Initial Management:

- Evidence-based best practice wound care
- Treatment of *Pseudomonas* infection, requiring admission due to oral antibiotic intolerance. (Figure 4)
- Healed post infection, but subsequently reulcerated (figure 5)

Further Management

- Surgical referral suggested due to possible nail fragment causing reinfection
- Podiatry advocated for biopsy, due to atypical features

Diagnosis:

- Stage pT3a malignant melanoma

Outcome:

- Wide excision including amputation
- Planned clinical surveillance.

Conclusion

- Maintain a high index of suspicion for malignancy in atypical or non-healing foot ulceration
- Early biopsy avoids prolonged ineffective care pathways
- Multidisciplinary teams (MDT) must ensure clear referral pathways to prevent diagnostic delay.



Figure 1:
April 2025



Figure 2:
May 2025



Figure 3:
May 2025



Figure 4:
July 2025



Figure
5:November
2025