

# DIABETIC ULCER

## Gross:

- A well-circumscribed, deep ulcer over the plantar surface of the foot
- Punched-out margins, calloused surrounding skin
- A necrotic base covered with slough, and minimal pain despite extensive tissue destruction.

## Microscopy:

- **Epidermis:** Ulcerated, hyperkeratosis at edges.
- **Dermis:** Granulation tissue, mixed inflammatory infiltrate.
- **Vessels:** Diabetic microangiopathy (thickened walls, narrowed lumen).
- **Deep tissue:** Fat necrosis, bacterial colonies, possible osteomyelitis.



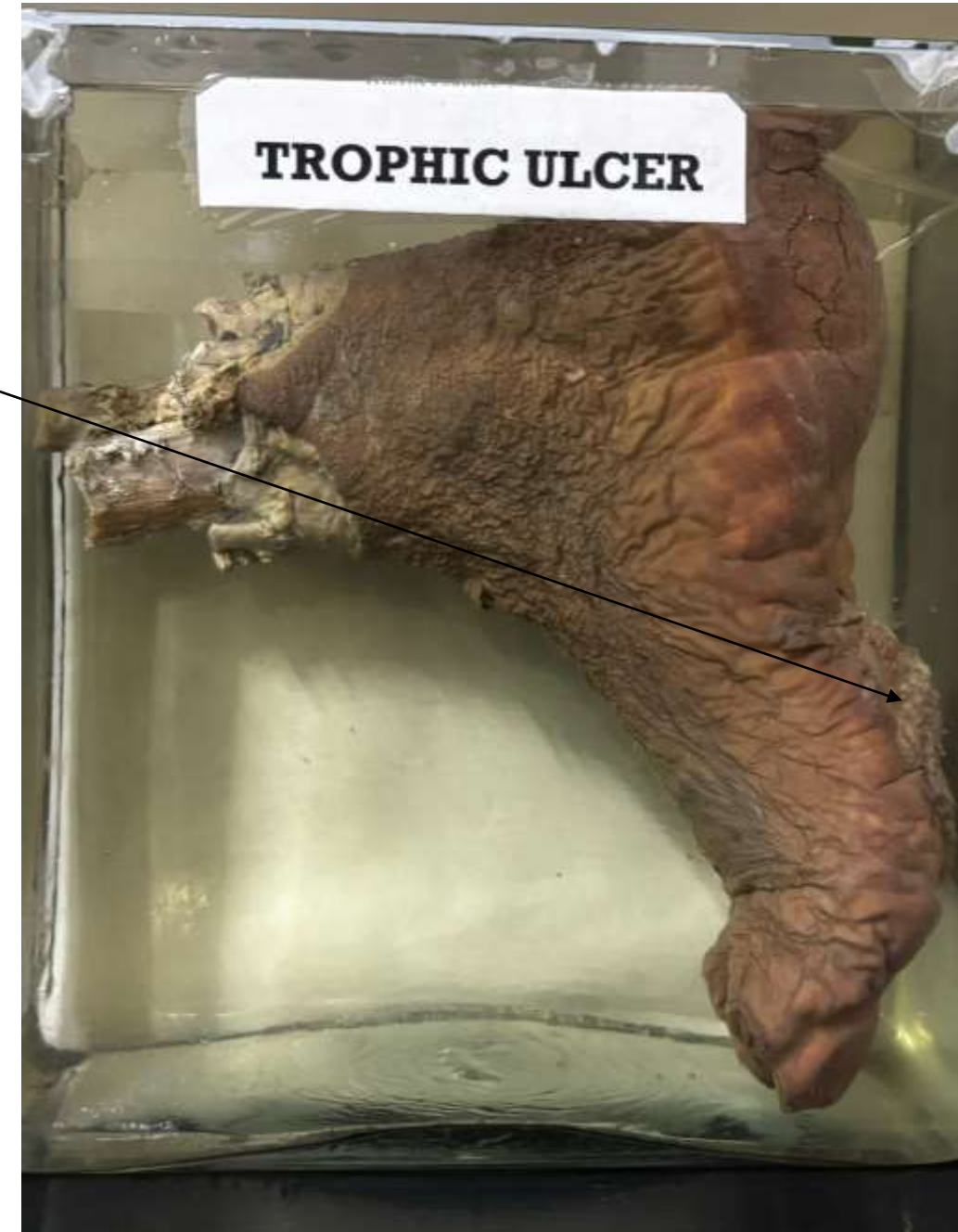
# TROPHIC ULCER

## Gross:

- Usually located over **pressure points** (e.g., sole, heel, toes).
- **Edges:** Punched-out, with thickened, indurated margins.
- **Base:** Pale, fibrotic, often covered with granulation tissue.
- **Surrounding skin:** Thick, dry, hairless, and shiny
- **Depth:** May extend to bone in chronic cases.

## Microscopy:

- **Epidermis:** Ulcerated, with loss of surface epithelium.
- **Dermis:** Granulation tissue with proliferating capillaries, fibroblasts, and sparse inflammatory infiltrate (mainly lymphocytes, plasma cells).
- **Chronic changes:** Fibrosis, thickened vessel walls, and evidence of neuropathy in



# DRY GANGRENE

## Gross:

- **Appearance:** Shrunken, dry, black or dark brown tissue.
- **Line of demarcation:** Clear, well-defined boundary between dead and viable tissue.
- **Texture:** Hard, leathery, and brittle.
- **Common sites:** Distal extremities (toes, fingers) in peripheral vascular disease.

## Microscopy:

- **Epidermis & dermis / affected tissue:** Coagulative necrosis with preservation of basic tissue architecture.
- **Cells:** Shrunken, eosinophilic cytoplasm with pyknotic or absent nuclei (ghost cells)
- **Vessels:** Thrombosis or severe narrowing of lumen.
- **At margin:** Reactive inflammation and

