

absence of underlying malignancy, a diagnostic workup should be considered.

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### Conflicts of interest

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## Localization-mapping of arteriosclerotic ulcers of Martorell using two-dimensional computational rendering reveals a predominant location on the mid-lateral lower leg

To the Editor,

The arteriosclerotic ulcer of Martorell (ASUM) represents an important differential diagnosis of leg ulcers. According to Martorell, this condition is characterized by several clinical features including a typical ulcer location on the lower leg(s), absence of relevant peripheral artery occlusive disease or venous insufficiency, disproportionate pain and long-lasting diastolic arterial hypertension.<sup>1</sup> Even if the exact prevalence of ASUM remains to be elucidated, recent reports estimate that it accounts for up to 5–15% of all patients in specialized wound clinics presenting with crural ulcers.<sup>2</sup> Although ASUM has a characteristic clinical appearance in many cases, its differential diagnosis is often highly challenging given the lack of clearly affirmative instrument-based diagnostic criteria. As a result, the differential diagnosis of ASUM harbours a major risk of under- or misdiagnosis resulting in potentially detrimental consequences for affected patients.<sup>3</sup>

As initially outlined by Martorell, the typical location of the skin ulceration on the lower leg represents a characteristic clinical feature of the disease as well as an important criterion for its differential diagnosis. This is of particular importance when considering the decision towards performing invasive histological sampling procedures in cases suspicious for ASUM. So far several reports on possible locations of ASUM have been published, ranging from different locations on the lower leg to the thigh.<sup>4,5</sup> However, previous reports on the typical location of this type of skin ulcerations are inconsistent with various locations being mentioned by different studies including the following: the anterolateral area of the lower leg, the dorsolateral area of the lower leg, the medial aspect of the lower leg, the lateral aspects of the lower extremities, the Achilles heel or the gastrocnemius-soleus complex.<sup>1,2,4–9</sup>

Therefore, this study aimed at a systematic, comparative localization-mapping of the cutaneous ulcerations of patients diagnosed with ASUM at the Medical University of Vienna between 1998–2019 using a two-dimensional (2D) computational surface rendering approach [approved by the ethics committee of the Medical University of Vienna (EK-1171/2017)]. Based on a three-dimensional gypsum model, a 2D surface model of the lower leg was established. The photographic documentation of all ulcerations ( $n = 52$ ) of ASUM patients ( $n = 20$ ) was integrated into a computational model. The overlay mappings,