

Clinical Quiz

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A 31-year-old diabetic woman with light brown patches on her lower limbs

Clinical Presentation

A 31-year-old woman with diabetes mellitus since 13 years, had several asymmetrically located, light brown, scaly patches on her lower limbs (**Figure 1**). She was concerned about the cosmetic appearance.



Figure 1 - A 31-year-old diabetic woman with light brown patches on her lower limbs.

Questions

1. What is the diagnosis?
2. How would you treat this condition?

Clinical Quiz

Answers

1. These cutaneous lesions are characteristic of diabetic dermopathy.
2. There is no known effective treatment. The patches tend to go away after a few years.

Discussion

Diabetic dermopathy is a condition characterized by the presence of multiple hyperpigmented atrophic macules on the legs. Typical lesions are depressed (atrophic) and appear to have post-inflammatory hyperpigmentation. These lesions have been classified with vascular disorders as histology sections may demonstrate red blood cell extravasation and capillary basement membrane thickening.

This disorder most often occurs on the front of both legs, but it may also appear on the forearm, the side of the foot, and the anterior surface of the lower thigh. Dermopathy often looks like light brown, scaly patches. These patches may be oval or circular. The lesions eventually evolve into the characteristic shallow pigmented scars typical of diabetic dermopathy. A recent report showed that the incidence of diabetic dermopathy correlates with an increased glycosylated hemoglobin and duration of diabetes.¹

Patients can usually relate antecedent trauma or inflammation and sometimes precipitating lesions coexist with the atrophic ones. In several studies, shin spots were produced in response to trauma with heat, cold, or blunt objects in persons with diabetes.^{2,3} Diabetic dermopathy is closely linked to abnormal glucose metabolism. There may be a link between diabetic dermopathy and internal complications of diabetes, as well. In several studies, diabetic dermopathy has been found to be related to microangiopathy⁴ and neuropathy.⁵ In a more recent study of 173 patients with diabetes,⁶ diabetic dermopathy was present in 66% of those patients with retinopathy, 62% of those with neuropathy, and 63% with nephropathy. Accordingly, patients with diabetic dermopathy should be further evaluated for detection of these complications. To date, there is no known effective treatment. The patches tend to go away after a few years.

References

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