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INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## A CASE REPORT OF ATYPICAL NECROBIOSIS LIPOIDICA

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Background: Atypical necrobiosis lipoidica(ANL) is a rare disease which Predominantly affects female in the forth decade. The first case is reported in 1954. In that case, the patient has lesions not only on the face and scalp, but also has typical NL on shins. It is for this reason the disease's name first coined. However, the clinicopathological features of ANL are totally different from NL. Now it is much more likely that it represents a variants of annular elastolytic granuloma.

Observation: A 66-year-old famale patient presented with diffused macules and papules on the face and scalp for 3 years after hair dyeing. The lesions were gradually increasing in number and enlarging in size. She also had 2 year history of diabetes mellitus. But she had no other systemic diseases. Physical examination showed annular papules and macules in the scalp and face. Some papules merged to plaques and the edge of plaque slightly arised. Scale and crust can be found on some plaque. Laboratory examination showed antinuclear antibody (ANA) and extractable nuclear antigen were negative. Direct immunofluorescent of IgM, IgG and C3 were negative. And chest CT were normal. No history of important or hereditary diseases in the family was reported. Pathological examination of a biopsy showed ill-defined granulomatous inflammation in the reticular and deep dermis with large numbers of multinucleate giant cells interdigitating between viable collagen bundles. Asteroid bodies were seen in occasional giant cells. No well-formed granulomas were seen. There was no caseation, mucin deposition, necrobiosis. Above all, the diagnosis was considered to be atypical necrobiosis lipoidica. The differential diagnosis include sarcoidosis, discoid lupus erythematosus, actinic granuloma, granuloma annulare.

Key message: Combined with clinical and pathological findings, the patient was diagnosed with atypical necrobiosis lipoidica.





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