



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ACQUIRED PARTIAL LIPODYSTROPHY: CASE REPORT

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Background: Acquired partial lipodystrophy (APL) is a very rare disorder (less than 1 case for 100.000) characterized by progressive fat loss in the upper body. Clinical signs of insulin resistance are often present: acanthosis nigricans, signs of hyperandrogenism. All lipodystrophies are associated with dysmetabolic alterations with insulin resistance, altered glucose tolerance or diabetes and hypertriglyceridemia leading to a risk of acute pancreatitis. We report a case for a 58 year women with lipodystrophy at the neck.

Observation: A 58-year-old woman, present for 4 years a thickening of the neck. She is diabetic since 2001 treated with insulin injection in the abdomen. She had no atopic ground. Subsequent laboratory tests revealed a high rate of fasting blood glucose level and the other analyzes were without anomalies. We did a skin biopsy and the histopathological examination revealed hypodermic fibrosis and absence of sign in favour of scleroderma. Therefore the diagnosis of partial lipodystrophy was retained. So we decide to change the site of insulin injection to the thighs and we introduced a treatment with oral anti-diabetic (Metformin). Three month later, there was a clinical improvement marked by the decrease in thickening and cutaneous indurations, the skin became suppler without putting the patient under local treatment.

Key message: Localized partial lipodystrophy may be associated with insulin resistance, which explains why insulin injection site switching and the introduction of metformin have improved insulin sensitivity. The notion of the association of lipodystrophy with insulin resistance is described in some articles.

