



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## CUTANEOUS AMYLOIDOSIS: ANY NEW IN TOUGH DERMATOSIS?!

*Mahesh Unni<sup>(1)</sup>*

*Mimsr College, Dermatological, Latur, India<sup>(1)</sup>*

**Background:** Amyloidosis is a group of conditions that involve the deposition of amyloid proteins in various tissues. It is generally classified as either systemic or cutaneous. Primary localized cutaneous nodular amyloidosis (PLCNA) is the rarest form of cutaneous amyloidosis with the amyloid depositing in the dermis, subcutis, and blood vessel walls. Management of PLCNA is challenging, as there is no consistently effective treatment, and local recurrence is common. Management options include Steroid –SA-Retionds creams, DOMS, surgical excision, dermabrasion, electrodesiccation and curettage, cryotherapy, carbon dioxide laser, pulse dye laser, intralesional steroids, and cyclophosphamide, Mtx,etc.Primary localized cutaneous amyloidosis (PLCA) is rare in skin OPD but can be diagnosed by mere inspection in most of the cases.Only skin-punch biopsy is the gold standard for the diagnosis but now non-invasive tools like dermoscopy will help in atypical cases.

**Observations:** Author has studied more than 30 cases in last 3 years both clinically,microscopically and with different therapeutic modalities .. He will discuss the newer treatment modalities and the expected outcome from these.

**Conclusions:** He tried from simple salicylic acid ointments to newer fractional lasers in last few decades due to his special interest in subect. Though many office procedures are available for most of this pigmentary to itchy ‘tough’ dermatosis, still complete satisfaction of physicians as well as patients is questionable.

