ABSTRACT BOOK ABSTRACTS



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MEDICAL THERAPIES AND PHARMACOLOGY

THE COMBINATION THERAPY TOPICAL CORTICOSTEROID AND PHOTOTHERAPY IN CUTANEOUS LICHEN AMYLOIDOSIS

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Background: Cutaneous lichen amyloidosis (CLA) is a form of a primary cutaneous amyloidosis. Clinically CLA characterized by color-like skin tone to dark brown hyperkeratotic papules. It is multiple discrete which then confluence to form persistent plaque with itching. Its treatment is often less satisfactory. We report a CLA case which was succesfully treated with noninvasive combined therapy using topical corticosteroid (TCS) and narrowband ultraviolet B (NBUVB).

Observation: A 71 years old male came to our outpatient clinic with itchy hard papules on his right hand since two years ago. The papules were skin-like color and brownish. Dermatological examination of the right dorsal manus obtained pruritic hyperkeratotic multiple lichenoid discrete papules, some were confluent, while others were hyperpigmented. Histopathological findings revealed hyperkeratosis and hyperplasia of the epidermis while in the dermis there were fibrosis, chronic inflammatory cells and eosinophilic amyloid globules. We treated this patient with clobetasol propionate ointment 0,05% twice a day and NBUVB with starting dose of 200 mJ / cm2 two session weekly. The lession improved significantly in week 12.

Key message: The itch-scratch cycle occuring in CLA can induce skin thickening. We gave clobetasol propionate ointment 0,05% to our patient because the dry thick hyperkeratotic lesions respond favourably to potent TCS. In addition, ointment enhances TCS potency more than cream does, as it is more occlusive. Phototherapy NBUVB is effective to reduce pruritis and inflammation as well as to suppress keratynocyte proliferation. It also result in keratinocyte apoptosis and T cells infiltration. Irradiation of NBUVB is suggested to decrease basal cell activity causing decreased amyloid deposit. The combination of TCS and NBUVB phototherapy applied in our patient gave a very good outcome. Therefore this combined therapy can be considered as a safe and effective therapy for CLA.





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