SKIN MANIFESTATIONS OF INTERNAL DISEASE

ATYPICAL CASES OF DISCRETE PAPULAR LICHEN MYXEDEMATOSUS AND SCLEROMYXEDEMA WITH HYPOTHYROIDISM

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Background: Scleromyxedema and lichen myxedematosus are rare papular mucinoses. Scleromyxedema is a systemic form that presents with generalized waxy papules, sclerodermoid eruption and monoclonal gammopathy; lichen myxedmatosus is a localized form limited to the skin that presents with white, firm, waxy papules and lacks monoclonal gammopathy. Diagnosis of both conditions typically requires absence of thyroid disease. However, we report atypical cases of scleromyxedema and lichen myxedematosus diagnosed with history of hypothyroidism.

Observation: A 58-year-old female with Hashimoto's thyroiditis managed with levothyroxine had been well until 2012 when she had induration, erythema, and thickening of the skin of her whole body. Skin biopsy showed mucin deposition, increased fibroblasts and inflammatory infiltrate. She was started on intravenous immunoglobulin therapy and relapsed in 2018 after dose reduction. Though she lacked monoclonal gammopathy in 2012, repeat testing in 2018 showed paraproteinemia. Thus, she was diagnosed with an atypical form of scleromyxedema presenting with delayed monoclonal gammopathy and concurrent hypothyroidism. Similarly, a 54-year-old female with Hashimoto's thyroiditis managed with levothyroxine and history of rheumatoid arthritis, hip replacement, and Hodgkin's lymphoma presented with firm, white, waxy papules on the upper chest, back, and left arm. Biopsy showed palisading inflammatory cells around mucin deposition, and laboratory testing lacked monoclonal gammopathy. The papules were temporarily responsive to oral steroid therapy. Given her hypothyroidism, she was diagnosed with an atypical form of discrete papular lichen myxedematosus.

Key message: Our cases demonstrate that patients with papular mucinoses can have a multitude of concurrent and prior rheumatologic and endocrine conditions, including thyroid disease, which should not preclude diagnosis of scleromyxedema and lichen myxedematosus given appropriate histological examination and clinical presentation.