



SKIN MANIFESTATIONS OF INTERNAL DISEASE

## SCLEREDEMA OF DIABETICS: TWO OBSERVATIONS

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**Background:** Scleredema of diabetics (SD) is a poorly reported dermatosis although specific to diabetes. It often complicates old, insulin-resistant diabetes in overweight patients. It sometimes presents a problem of differential diagnosis with scleredema of Buschke (SB). We report 2 new observations.

**Observation:** Patients aged 56 and 55 respectively, diabetic type 2 under insulin therapy for 19 years for the first and 7 years for the second. They had for about 7 years a history of tightness, thickening, and hardening of the skin on the upper part of the back, hindering the movements. There was a high body mass index between 28 and 30 and a poor balance of diabetes in both patients with glycated hemoglobin between 9 and 11%. The diagnosis of a SD was made and confirmed in the histological study which showed a thickening of collagen fibers without special deposit. The patients were put on colchicine with education and balance of diabetes. The evolution was marked by stabilization of the lesions.

**Key message:** The frequency of SD is difficult to evaluate, especially since scleroderma of Buschke (SB) has the same clinical appearance. However, SD, unlike SB, often occurs in older subjects and is non-regressive. Clinically, it is manifested by a diffuse and symmetrical cutaneous induration affecting the upper back, the interscapular region and the nape of the neck. Histologically, there is a thickening of collagen fibers with diffuse hyalinization. Differential diagnosis is mainly found in SB and scleromyxedema. SB has the same clinical appearance but occurs in the younger subject, following infection or in combination with monoclonal gammopathy. Scleromyxedema is erythematous, can affect the entire trunk and extend to the face and extremities with skin biopsy mucin dermal deposits. The treatment of SD is difficult because to date no satisfactory treatment has allowed its regression.

