



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## **DISSEMINATED PERFORATING NECROBIOSIS LIPOIDICA**

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**BACKGROUND:** Necrobiosis lipoidica is a chronic granulomatous skin disease strongly associated to diabetes mellitus. In literature is described a perforating variant, which is classified between perforating dermatosis, a group of skin disease characterized by the extrusion of degenerated collagen or elastina through the epidermidis or follicular units.

**OBSERVATION:** A 60-year old woman presented with a 2-year history of papules and plaque located to the trunk and lower extremities. Her medical history showed diabetes mellitus type 2, under treatment with metformina 1500 mg/day, hypertension treated with bisoprololo and hypo- gamma globulinaemia treated with immunoglobulin i.v once monthly. On physical examination the patient had violaceous, infiltrated papules and plaques with different size and irregular shape, characterized by the presence of scaly and atrophic area and comedo-like opening, highlighted by dermoscopic examinations, mainly distributed on the arms, legs and buttocks. Histological examination of two biopsy specimen on the abdomen revealed a granulomatous dermatitis, involving the entire derma, with areas of collagen degeneration and trans-follicular extrusion of necrotic material. On the basis of the clinico-pathologic data, the diagnosis of perforating necrobiosis lipoidica was made. We prescribed metilprednisolone 30 mg/day with a partial clinical improvement after 2 months of treatment.

**KEY MESSAGE:** The pathological finding of trans-follicular elimination of degenerated collagen is unusual in necrobiosis lipoidica with few cases reported in literature. Clinically the disease is characterized by typical skin lesions of necrobiosis lipoidica associated to numerous keratin plugs which correspond to the points where the degenerated collagen is eliminated through the follicular units. Dermoscopy can be an useful tool to suspect perforating nature. To the best of our knowledge this is the first observation of PNL with disseminated lesions and with the description of dermoscopic features.

