



SKIN MANIFESTATIONS OF INTERNAL DISEASE

BUSCHKE SCLERODERMA: A NEW CASE IN DIABETIC PATIENT

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Background: Buschke scleroderma (scleredema adultorum) is a rare pathology of unknown cause, characterized by sclerodermiform thickening of the cutaneous tissues mainly in the trunk and shoulder areas, respecting the extremities, sometimes associated with monoclonal gammopathy. We report a new observation of scleroderma in a diabetic patient.

Observation: A 55-year-old patient, with a history of type 2 diabetes complicated by cataract and diabetic retinopathy, presented with pruritus of the back with progressive induration of the skin evolving since 06 months. The clinical examination found thickened, indurated and difficult to pinch skin in the upper inter-scapular area, without atrophy, sweating or tenderness disorders. There were no limitations of the articular amplitudes at the level of the upper limbs. A cutaneous biopsy was performed showing thickening of the middle and deep dermis by thick bundles of collagen, alcianophilic alkaline blue mucin deposits, without modification of the elastic network of the dermis. The diagnosis of scleroderma of the diabetic was retained. A checkup looking for clonal gammopathy was done and returned normal. The patient was placed on very potent dermocorticoids associated with colchicine with a good evolution.

Key message: Buschke scleroderma is a rare disease characterized by sclerotic edema of the neck and shoulders, which can extend to the rest of the trunk and limbs, but typically sparing the extremities. Classically, three types are distinguished: the first, acute, appearing after an infectious episode; the second, of insidious evolution, associated with monoclonal

