

Necrobiosis Lipoidica Diabeticorum

A 51 year old female patient with a 24 years history of poorly controlled insulin dependant diabetes mellitus and diabetic nephropathy and retinopathy was admitted for haemodialysis. On physical examination, she was found to have two sharply defined erythematous plaques with a depressed, porcelain-like, yellow-brown, atrophic, telangiectatic center on the right shin and on the lateral aspect of the left ankle [Table/Fig-1 and Table/Fig-2]. The lesions were not painful or tender and had been there for several months. The lesions were characteristic of necrobiosis lipoidica diabeticorum, an uncommon granulomatous inflammatory dermatopathy that affects less than 1% of the patients with diabetes mellitus. Informed consent was obtained from the patient to publish the photographs. Necrobiosis lipoidica belongs to the idiopathic cutaneous palisading granulomatous dermatitides which are associated with the degeneration of collagen, and they often occur in patients with diabetes mellitus [1]. The lesions may be solitary or multiple and 85% to 90% of them occur on the lower extremities, especially in the pretibial areas. [2] When necrobiosis Lipoidica occurs in areas other than the legs, it is less commonly associated with diabetes mellitus [3]. microscopic studies have shown that it is a disorder of collagen degeneration which is characterized by a granulomatous response, thickening of the walls of the blood vessels, and fat deposition. The exact cause is unknown. Treatment with high-potency topical corticosteroids, systemic antioxidant therapy with ascorbic acid and vitamin E, cryotherapy, radiotherapy, systemic allopurinol and photodynamic therapy, have been reported in the medical literature, with some success [1].

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[Table/Fig-1]: Right shin below the knee



[Table/Fig-2]: Lateral aspect of left ankle

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