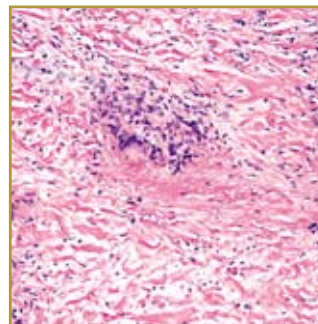


## NECROBIOSIS LIPOIDICA DIABETICORUM



**EPIDEMIOLOGY:** Occurs in about 3% of patients with diabetes, about 2/3 of cases are patients with diabetes

**ETIOLOGY:** Unknown, linked to diabetic microangiopathy

**PATHOGENESIS:** Disorder of collagen degeneration with a granulomatous response, thickening of blood vessel walls, and fat deposition

**CLINICAL:** 1 – 3 mm well-circumscribed papules or nodules, which develop a porcelain-like appearance

**HISTOLOGY:** Altered collagen that loses its normal eosinophilic coloration and fibrillar appearance, becoming slightly bluish and “smudged”

**NECROBIOSIS LIPOIDICA DIABETICORUM** is a degenerating disease of the connective tissue of the skin particularly of the lower extremities. Plaques begin to develop with a red-brown color but progress to a yellow and atrophic appearance. The plaques slowly grow over a period of months to years, some pruritus and pain may occur. The cause remains unknown, although most theories link the disease to patients that have diabetes mellitus. A renaming of the disorder was suggested when patients without diabetes were appearing with the disease, today the term necrobiosis lipoidica encompasses all patients with or without diabetes showing the same clinical lesions. Topical and intralesional steroids can lessen the inflammation on earlier stages of the condition. Ultraviolet light treatment has been found to control the condition when it is flaring. Some other medications that may be helpful include aspirin, fibrinolytic agents, nicotinamide, pentoxifylline, heparin, antiplatelet agents, ticlopidine, tretinoin and cyclosporine.

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