EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 3
Issue: 2
346-347
Year: 2016

DIABETIC DERMOPATHY

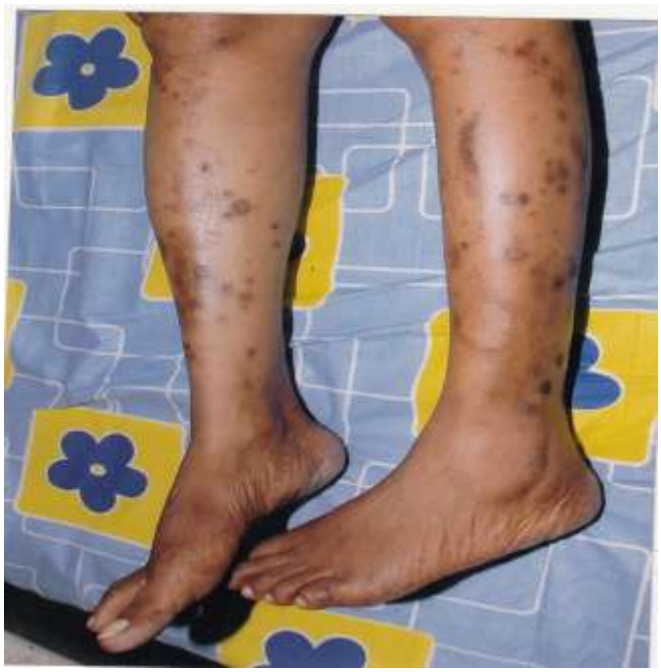
***N. S. Neki, **Jasbir Kumar, ***Sumit Bhatia, ****Ankur Jain and *****Deepak Agarwal**

*Professor, Deptt. of Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India 143001.
**Associate Professor, Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar.(Punjab)
***Medical Student, Punjab Institute of Medical Sciences, Jalandhar.(Punjab)
****Junior Resident, Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar.(Punjab)
*****Junior Resident, Deptt. of Orthopedics, RNT Medical College, Udaipur(Rajasthan).

***Author for Correspondence: Dr. N. S. Neki**
Professor, Deptt. of Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India 143001
drneki123@gmail.com

Article Received on 08/12/2015 **Article Revised on 29/12/2015** **Article Accepted on 20/01/2016**

A 52 year old male type 2 diabetes mellitus patient having diabetes since 9 years on oral hypoglycemic agents & hypertension 8 years on irregular treatment, was admitted for control of blood sugar & hypertension. On examination he was conscious, oriented, BMI 26.5kg/mm2, BP 160/90 mmHg, Pulse rate 90/min, regular with no special character, Temp afebrile, no cyanosis, JVP normal with mild edema feet. There was no history of trauma to legs. Examination of chest, CVS and abdomen was unremarkable. CNS examination was normal except sensory motor neuropathy. The peripheral vessels were nonpalpable. Fundus examination revealed changes suggestive of proliferative retinopathy. In addition to hypertension, he was diagnosed to be a case of diabetes mellitus with complications of neuropathy, retinopathy and peripheral vascular disease. Dermatological examination revealed bilateral hyperpigmented oval to round macules of 0.5 to 3.0 cm with asymmetrical distribution on the extensor surface of both the lower limbs (Fig 1) establishing the diagnosis of diabetic dermopathy(DD). Diabetic dermopathy(DD) affects 12.5% to 40% of all diabetes both type1 and type2 diabetes.[1] It is asymptomatic except for a cosmetic disfigurement. However these patients have increased prevalence of neuropathy, nephropathy, retinopathy and large vessel disease. Histologically lesions show edema of the papillary dermis, thickened, superficial blood vessels, extravasation of erythrocytes and a mild lymphocytic infiltrate.[2] The extravasted erythrocytes leave haemosiderin deposits, which lead to brownish hyperpigmentation. The lesions of diabetic dermopathy resolve spontaneously leaving scars behind.[3,4] No effective treatment is known. Other synonyms for this condition are " shin spots" and " Pigmented pre-tibial Patches".[5]



REFERENCES

1. Bolognia JL, Braverman IM. Cutaneous manifestations of type 1 diabetes. In type 1 Diabetes: Aetiology and treatment. Sperling MA, Ed. Totowa, NJ, Humana Press, 2003; 485-99.
2. Brinkley GW, Giraldo B, Stoughton RB.Diabetic dermopathy: A clinical study. Cutis 1967; 3: 955-8.
3. Jelinek, JE. Cutaneous manifestations of diabetes mellitus. Int J Dermatol 1994: 33: 605-17.
4. Ferringer T, Miller F; Cutaneous manifestations of diabetes mellitus; Dermatology Clin 2002; 20: 483.
5. Shemer A, Bergman R, Linn S, et al. Dibetic Dermopathy and internal complications in Diabtes mellitus. Int J Dermatol 1998; 37: 113-5.