



CLINICAL CASE

ITALY

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V.D., a 27 years-old man,
presented to our clinic with
**plane violescent cutaneous
lesions** on the terminal part
of lower limbs



Past medical history



- ✓ Icterus neonatorum
- ✓ β -thalassaemia minor
- ✓ Episodes of catarrhal pharyngotonsillitis in childhood

Past medical history



- ✓ 2005: first appearance of the cutaneous lesions; after a biopsy he was diagnosed with **vasculitis of lower limbs** and he was prescribed oral corticosteroids
- ✓ Since 2006 he had recurrent cutaneous lesions with scarring. Serial blood investigations were normal.

Physical Examination



Normal except for the presence of non-tender, plane violescent cutaneous lesions on the terminal part of lower limbs.

The skin surrounding the lesions was thinned and depigmented.

Laboratory Tests

Routine blood investigations: normal

Autoimmune screen: neg

HCV, HBV, HIV: neg

Crioglobulines: neg



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✓ **ECG** normal

✓

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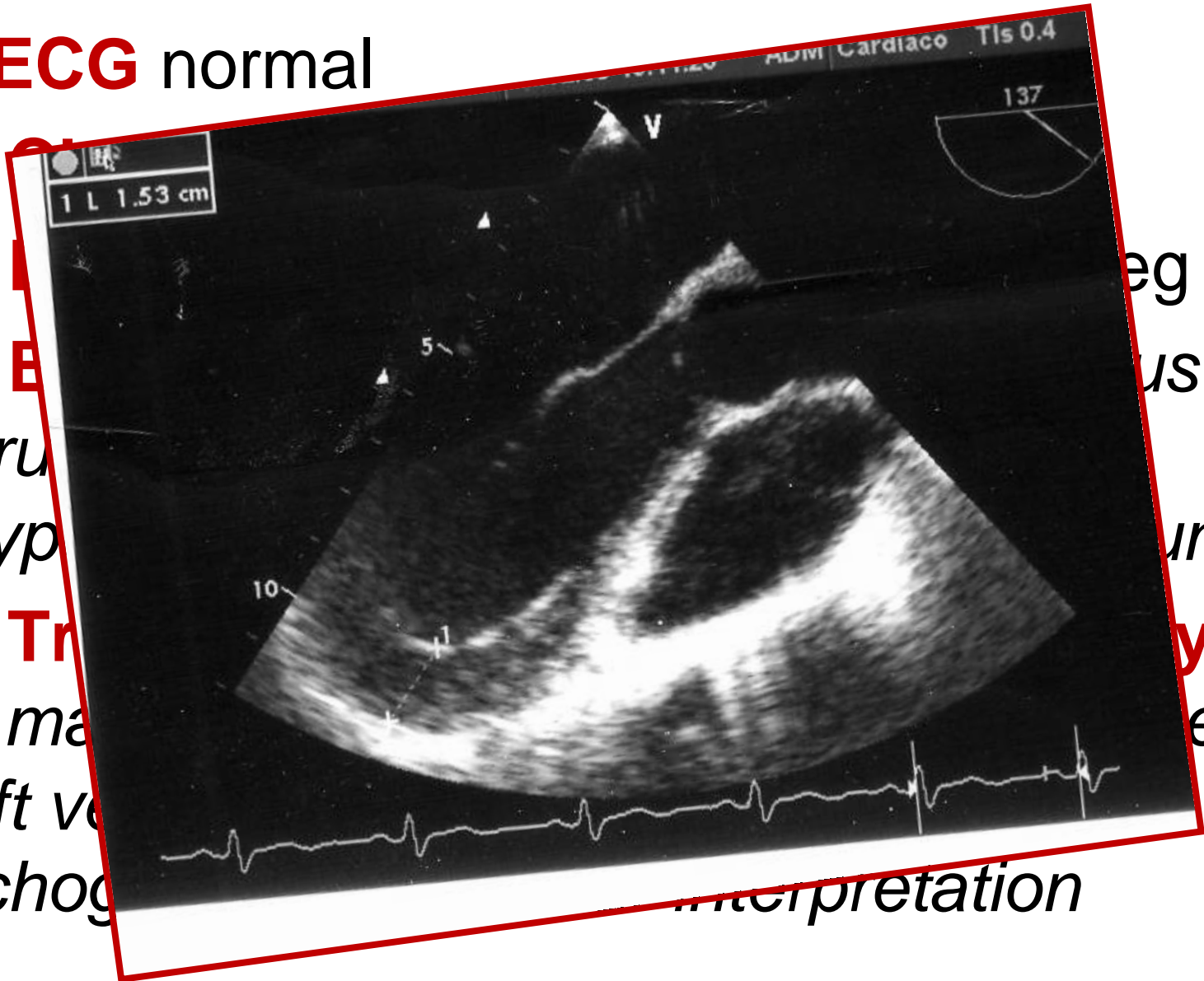
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interpretation

In the suspicion of **cardiac amyloidosis**, a biopsy of the periumbilical fat was proposed to the patient, but he refused.

In the suspicion of **cutaneous and cardiac involvement of an IBD**, gastroscopy and colonoscopy were proposed to the patient, but he refused

Six months before the patient consulted a rheumatologist who prescribed dapsonsone, an anti-leprosy drug also used for cutaneous vasculitis.

After three months the patient voluntarily suspended the therapy for lack of benefits.

Last month, after sun exposure, the patient observed a worsening of the skin lesions

He took high doses of methylprednisolone without any benefit!

On an echocardiographic control the heterogeneous echogenicity of the left ventricle wall was unchanged

The patient reported no other symptoms

So, what is the
differential diagnosis?

Systemic vasculitis?

Ankylosing spondylitis?

IBD?

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UNSOLVED!

This clinical case is still