

Cutaneous Markers of Systemic Disease in the Lower Extremity



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KEYWORDS

• Systemic disease • Cutaneous manifestations • Lower extremity • Skin disorders

KEY POINTS

- Many systemic diseases have cutaneous manifestations in the lower extremity, including diabetes, kidney disease, cardiovascular disorders, thyroid disease, malignancy, viral infections, genetic disorders, and even idiopathic conditions.
- These manifestations in the skin and nails of the lower extremity can not only help identify underlying conditions but can also determine treatment and prognosis.
- This article discusses a wide range of these manifestations along with their causes, helpful diagnostic tools, treatments, and prognoses.

INTRODUCTION

An old English adage gives advice that everyone is familiar with, that advice being “Don’t judge a book by its cover.” However, the human body is not a book, and this is evident in the way that the skin can be a window to people’s health. Multiple conditions, including diabetes, kidney disease, gastrointestinal disorders, infectious processes, and even cancer can produce evidence of their arrival in the skin and nails. This article discusses the diagnosis and treatment of many of these cutaneous markers of systemic disease, particularly those that manifest in the lower extremity.

DIABETES MELLITUS

Diabetic Dermopathy

Most physicians have dealt with the effects of diabetes at some point in their careers, if not regularly. One of the most affected areas is the lower extremity, particularly with regard to neuropathy, vascular disease, and ulceration. One of the most common cutaneous manifestations of the disease is diabetic dermopathy, presenting in 40% of

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patients at some point in the course of disease. It is associated with an increased likelihood of internal complications such as retinopathy, neuropathy, and nephropathy, and may be another result of microangiopathy. It begins as round, flat-topped, scaly red papules on the shins that evolve into round, atrophic hyperpigmented lesions of variable size (Fig. 1). Biopsy shows hemosiderin deposition, dermal edema, thickened superficial blood vessels, extravasation of erythrocytes, and a mild lymphocytic infiltrate. Although asymptomatic, these lesions can be cosmetically unpleasant, but there is no treatment available.^{1,2}

Bullosis Diabeticorum

Another cutaneous manifestation of diabetes is bullosis diabeticorum, which is a rare manifestation with a reported US incidence of 0.5%. This condition consists of tense noninflamed bullae that form abruptly on the extremities, mainly the lower extremity, on the tips of the toes and soles (Fig. 2). They develop seemingly overnight without any history of preceding trauma and usually cause little pain or discomfort. The cause of these lesions is unknown, but microangiopathy is suspected because most patients have other diabetic complications like nephropathy and neuropathy. These bullae may be the first sign of underlying glycemic abnormalities. The disease is self-limited, usually resolving in 2 to 6 weeks without scarring as long as there is no secondary infection. Treatment simply involves compression with local wound care if necessary. Many patients never have another episode, however recurrence is not uncommon.^{1,3}



Fig. 1. Diabetic dermopathy. (Courtesy of Stephen Schleicher, MD, Hazleton, PA.)

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