

Case 7

A 35-year-old Thai woman, from Ubonrajchathani

Chief Complaint: Relapsing pruritic vesicles and bullae on both forearms and lower legs for 10 years

Present illness: She had a 10-year history of relapsing pruritic vesicles and bullae which localized on both forearms and shins. When the lesions resolved, they gradually turned into hyperkeratotic brownish papules

Past History: Nil

Family History: Nil

Physical examination: A healthy looking woman, not pale, no jaundice

HEENT : WNL

Heart & Lung : WNL

Abdomen : No hepatosplenomegaly

Skin: Few tense hemorrhagic vesicles with multiple closely-set brownish hyperkeratotic papules intermingled with hypopigmented macules located on both shins

Investigation

CBC : Hct 38% WBC 7,710/mm³ N 71% L 36% M7% EO 5% PLT 292,000/cumm.

Urine Bence-Jones protein : negative

BUN 12 mg/dl, Cr 0.6 mg/dl

LFT: WNL

Protein electrophoresis: albumin 3.59 g% alpha-1 0.3 g% alpha-2 1.3% Beta 1.3g% gamma 0.2g%

CXR : normal



Fig. 7.1

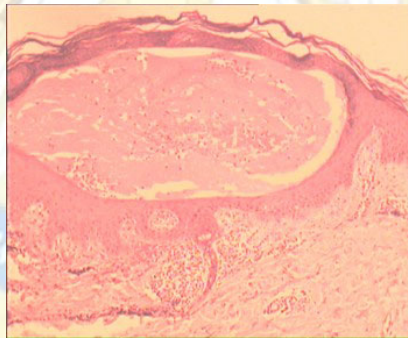


Fig. 7.2

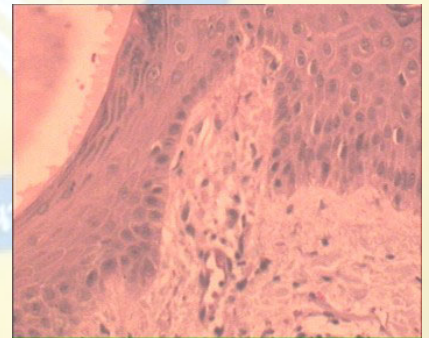


Fig. 7.3

Histopathology (slide no. 41-2762)

- Subepidermal blister with reepithelization
- Small globular deposit of homogeneous amphophilic material at the broadened dermal papillae
- Stellate fibroblasts, melanophages and blood vessels associated with the globules

Diagnosis: Bullous dyschromic amyloidosis

Presenter: Chanisada Tuchinda, M.D.

Consultant: Penwadee Timpatanapong, M.D.

References

1. Robert C, Aractingi S, Prost C, et al. Bullous amyloidosis report of 3 cases and review of the literature, *Medicine* 1993;72(1) : 38-44
2. Johnson TM, Rapini RP, Hebert AA, et al. Bullous amyloidosis, *Cutis* 1989;43:346-52
3. Bieber T, Ruzicka T, Linke RP, et al. Hemorrhagic bullous amyloidosis, *Arch Dermatol* 1988;124:1683-6