

## Case 2

A48 year-old Thai women, from Srisakate

**Chief complaint:** Asymptomatic patches on trunk and extremities for 1 year

**Present illness:** She has had a one-year history of asymptomatic orange-brown patches, first noted on her abdomen with subsequently spread to inner aspect of arms, anteriomedial thighs and legs. The lesions had slowly progression with peripheral spreading and gradually increase in number over a several months.

**Past history:**

She has been having osteoarthritis and taking many kinds of NSAIDS for several years.

1<sup>+</sup>year ago, before the lesions started, she was diagnosed as hypertension and treated with enalapril.

**Physical examination:** A healthy Thai woman, not pale, no jaundice

LN: no lymphadenopathy

Heart: normal S1, S2 sound, no murmur

Lung: clear

Abdomen: no hepatosplenomegaly

Skin: Multiple discrete well-demarcated, non-indurated orange-brown, non-pruritic round patches, size varies from 3-10 cms., some lesions have finely wrinkled-"Cigarette paper" wrinkling surface, predominantly involving inner aspect of arms, inframamary, abdomen, anteriomedial thighs and legs.



Fig. 2.1



Fig. 2.2



Fig. 2.3

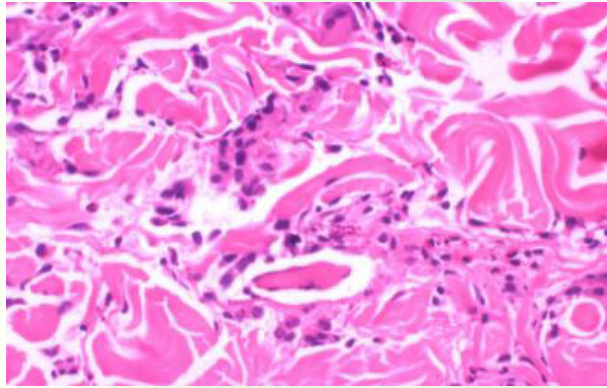


Fig. 2.4

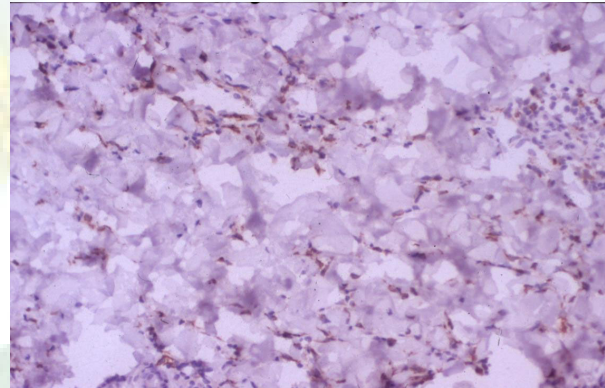


Fig. 2.5

**Laboratory:**

FBS 94 mg/dL

CBC: HCT 37.9% , wbc 7100 k/UI ( N 42%, L 38%, M 7%, E 12%, B 1%) , Plt 201 k/uL

**Histopathology:** slide no. 45-0346, no. 02-1723

*Interhospital Dermatology Conference*

Superficial and deep perivascular inflammatory cell infiltrate of lymphocytes, histiocytes admixed with multinucleated giant cells in the dermis, lymphocytes predominate around blood vessels but histiocytes predominate in interstitium, faint mucin deposit in zone of interstitial infiltrate.

**Diagnosis:** case for discussion

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**References**

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