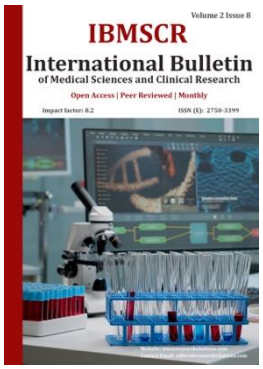

ERRORS IN THE DIAGNOSIS OF LICHEN MYXEDEMA (DESCRIPTION OF A CLINICAL CASE IN A YOUNG PATIENT DIAGNOSED WITH LICHEN MYXEDEMA).

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This article provides information about the epidemiology, etiology, pathogenesis, clinical picture, diagnosis, differential diagnosis and treatment of this disease.

The article presents and describes a clinical case of a young patient with lichen myxedema, observed in various specialized institutions with diagnoses of lichen planus, erythematous mucinosis.

The patient was sent to the Republican Scientific and Practical Center of Dermatovenerology and Cosmetology in Tashkent with a diagnosis of toxicoderma. At the center, to diagnose the disease, a histological diagnosis was carried out from the lesion. The diagnosis was confirmed based on pathohistological examination.

Key words: lichen myxedematous, scleromyxedema, mucinosis, papular myxedema.

Lichen myxedematous syn., Dalton-Seydell papular mucinosis of the skin, Arndt-Gottron scleromyxedema, fibromucinoid lichen, cutaneous mucinosis nodosa, pseudomyxedema lichenoid, Freudenthal papou Myxedema of the skin is an idiopathic form of mucinosis of the skin, not associated with dysfunction of the thyroid gland and characterized by the formation of small flat papules. The etiology and pathogenesis of this disease are unknown. Women aged 40-50 years are more likely to get sick. The disease develops without obvious dysfunction of the thyroid gland.

Proliferation of fibroblasts was noted, possibly under the influence of activated serum factor, accompanied by the accumulation of abnormal glycosaminoglycans such as hyaluronic acid. A relationship with plasmacytoma, as may be evidenced by the detection of monoclonal gammopathy, and with myeloma cannot be ruled out. The pathology is divided into four types and includes two clinicopathological subtypes: generalized papular and sclerodermoid form with systemic lethal manifestations (scleromyxedema); limited with a favorable course, which does not cause loss of ability to work. The limited form has four clinical subtypes; separately papular, localized in different areas; Acral persistent papular mucinosis affecting only the extensor surfaces of the hands and wrists; Papular mucinosis of children, a type of acral form of persistent mucinosis; Nodular form. The group of atypical or intermediate manifestations has no signs of either scleromyxedema or a limited form of lichen myxedema. This group includes: cleromyxedema without the variant of lichen myxedema

Clinical case. Complaints upon presentation are pink and flesh-colored rashes in the occipital and buttock areas, accompanied by itching of moderate intensity.

From the anamnesis he considers himself sick for one month, the disease is not associated with anything. Regarding the disease, she underwent outpatient treatment at the SVD paradise at her place of residence; she received treatment and does not know the names of the medications. There is no effect from the treatment. Anamneses vitae: the patient was born as the first child, grew and developed according to her age. Secondary education, not working. Single.

Previous illnesses: influenza, acute respiratory infections. There were no allergies to medications; there was no history of heredity. Bad habits - no. The general condition upon admission to the hospital was satisfactory, consciousness was clear, position was active, normosthenic physique. The musculoskeletal system is without pathology. Peripheral lymph nodes are not enlarged. Upon examination, the skin pathological process is limited in nature, localized on the skin of both buttocks and the intergluteal fold.

The element of the lesion is flesh-colored papules of dense elastic consistency, up to 1-3 mm in size, located on an erythematous background, the skin in the buttocks area is thickened and gives the impression of edema, but when pressed with a finger, the characteristic pits for edema do not remain. The skin in the lesion is compacted and thickened and is difficult to fold. When illuminated from the side, a waxy sheen is clearly visible in its central part. Along the periphery of the lesion, patchy atrophy is observed in the form of numerous small spots with a diameter of 4 mm to 7 mm.

Laboratory data:

A skin biopsy was taken from the patient from a lesion in the gluteal region. The results of pathohistological examination: slight hyperkeratosis with horny invaginations, epidermal processes are smoothed, the basal layer is overloaded with pigment. In the papillary layer of the dermis, collagen fibers are swollen between them, bluish masses of mucin with process cells are determined, metachromatically stained with toluidine blue, single perivascular lymphohistiocytic infiltrates containing fibroblasts are determined, skin appendages are not determined. Conclusion: such a morphological picture is more consistent with the diagnosis of mucinosis of the skin.

Results of laboratory tests: Complete blood count: hemoglobin – 94; red blood cells – 261*10/12; color index – 0.91; leukocytes – 7.4; eosinophils – 5%; lymphocytes – 1.6%; monocytes – 8.2%; ESR – 14 mm/soat. Biochemical blood test: total bilirubin - 7.73 µmol/l, bound - 2.3 µmol/l, unbound - 5.43, sugar - 5.03 mmol/l. ALT – 16 mmol/l, AST – 29 mmol/l. General urine analysis: quantity – 1008 ml; relative density – 1025; proteins – abs; glucose – abs; epithelium 2 – 3; leukocyte 5–6; erythrocytes – abs; mucus -abs;

Based on the results of clinical, laboratory, pathohistological studies, taking into account advisory opinions

Related specialists (therapist, endocrinologist) diagnosed lichen myxedema.

A differential diagnosis was made with such diseases as: lichen planus, reticular erythematous mucinosis, disseminated granuloma annulare,

Treatment. The following treatment was carried out:

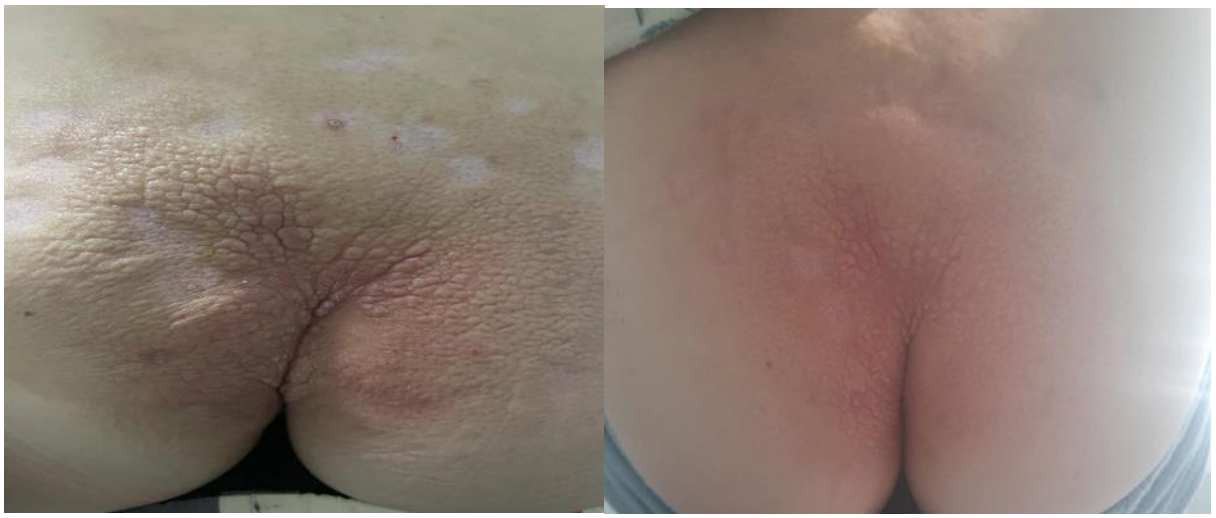
1.R-rSodium chloride 0.9% -100ml + R-rSodium Thiosulfate 30%-10ml i.v.,
No. 10

2. Fosfolipiale solution 5 ml IV, No. 10

3. Sodium chloride solution 0.9% -100ml + Strong AG solution 10ml i.v., No. 10

4. Tab. Plaquinil 0.2 1 tablet 2 times a day, No. 10

5. Kenalog solution 1.0 ml i.m., No. 1
6. Tab. Allergostin 10 mg 1 day, No. 15
7. Tab. Vit D3 5000 ED 2 tablets 1 day, No. 15
8. Topical: Cream Derilife
9. Ozone therapy No. 6
10. Cryomassage No. 10
11. ILBI No. 10



Conclusion. Cutaneous mucinosis can also be observed with normal thyroid function. Lichen myxedematous must be differentiated from reticular erythematous mucinosis, disseminated granuloma annulare, eruptive xanthoma, amyloid lichen, elastic pseudoxanthoma, lichen planus, eruptive collagenoma, syringoma, multiple leiomyoma, follicular mucinosis.

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