Ulcerated Necrobiosis Lipoidica

Necrobiose Lipoidica Ulcerada

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Figure 1 – Atrophic, yellowish-red plaques with ulcerated and necrotic center in the pretibial area (A). Wounds completely healed (B).

A 23-year-old Caucasian female, with type I diabetes mellitus, presented with a 7-month history of two painful yellowish-red plaques with ulcerated centre in the left leg (Fig. 1A). A diagnosis of ulcerated necrobiosis lipoidica (NL) was made and she was started on pentoxifylline 400 mg tid and tacrolimus ointment 0.1%. After four months of treatment with no improvement, the patient was proposed for hyperbaric oxygen therapy (HBOT). Overall, she received a total of 30 sessions of HBOT, after which the wounds healed completely (Fig. 1B). There have been no recurrences in the 14 months following resolution.

NL is a rare idiopathic granulomatous disease, frequently associated with diabetes mellitus.1 The diagnosis is clinical, but a skin biopsy might be necessary in atypical lesions.1 Ulceration is the main complication and current therapeutic options are limited. Some studies demonstrated lower oxygen tension on NL lesions, suggesting that HBOT can be a valuable therapeutic option.2

REFERENCES

PROTECTION OF HUMANS AND ANIMALS
The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

DATA CONFIDENTIALITY
The authors declare having followed the protocols in use at their working center regarding patients’ data publication.

PATIENT CONSENT
Obtained.

CONFLICTS OF INTEREST
All authors report no conflict of interest.

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