Alopecia Porphyrinica in a Patient with Chronic Hepatitis C

Alopécia Porfirínica em Doente com Hepatite C Crónica

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A 52-year-old homeless man, having a medical history of chronic hepatitis C virus (HCV) infection and drug abuse, presented with a 10-year history of hair loss and recurrent bullae on the hands and scalp. Physical examination revealed tense serohemorrhagic bullae, erosions and whitish stellate scars (Fig. 1). He also had focal cicatricial alopecia (Fig. 2). Severe facial dermatoheliosis (i.e. a specific dermatological term to describe specific skin changes induced by chronic UV exposure) and hypertrichosis were seen. The histopathology examination of a fresh bullae showed dermal papillae protruding into a subepidermal bulla in a festooned pattern (i.e. a histopathological hallmark presentation of porphyria cutanea tarda). Its presence, albeit not necessary, is strongly suggestive of the diagnosis. High levels of uroporphyrin (1843 µg/24 hours) and serum ferritin (1103 ng/mL) were present. A diagnosis of porphyria cutanea tarda (PCT) was made. HCV infection was treated with direct-acting antivirals. Topical corticosteroids and regular phlebotomies were offered for PCT, but the patient was lost to follow-up.

PCT is a photosensitive disorder strongly associated with HCV infection. Scleroderma-like changes are uncommonly found (2% - 18%), but they may present as scarring alopecia, either isolated or as a feature of florid presentations.

AUTHORS CONTRIBUTION
SB, BD: Case description and discussion
AR: Critical review of the work.

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