

ACQUIRED CUTIS LAXA

Anil Kumar Gaikwad and M Y Khedker

A 40-year-old male started developing increased folds of skin on the face, 15 days after an attack of measles. He had entropion of the upper eye lids and ectropion of the lower eye lids, grade 2 piles and moderate anemia. There were no other systemic abnormalities.

Key words : Acquired, Cutis laxa.

Cutis laxa is characterised by increased laxity of skin. It is also termed as dermatolysis, dermatochalasia, cutis hyperelastica and cutis pendulata.¹ The condition can be congenital or acquired.² The congenital type manifests at an early age, it is extensive and often associated with severe involvement of the internal organs.²⁻⁴ The acquired type is generally seen after some illness and it is associated with only mild to moderate involvement of the internal organs. A case of acquired cutis laxa following enteric fever has been reported from India.¹ We observed a case of cutis laxa occurring after an attack of measles.

Case Report

A 40-year male was in good health upto 30 years of age, when he developed moderate fever which was followed by an erythematous rash all over the body. There was mild pruritus. During the erythematous stage, the patient also had malaise, fever, myalgia, anorexia, conjunctival congestion and dry cough. The illness was diagnosed as measles. The patient was given oral tetracycline 500 mg three times daily and analgin 500 mg two times daily for seven days. With this the recovery was uneventful. Fifteen days later, he noted deepening of the naso-labial folds, laxity of ear lobules and burning pain in both the eyes which went on increasing gradually for the next five years.

There was also involvement of the skin of the face and neck. Suspecting it to be leprosy, the patient was given dapsons 100 mg daily for 6 months, but it was omitted later due to lack of response. Entropion of the upper eye lids and ectropion of the lower eye lids resulted in burning in the eyes and spill-over of the tears. He also had bleeding piles for the last 6 months. The family history was negative. The patient had no addiction. There was no history of any major illness in the past. Patient's photograph at the age of 12 years (Fig. 1) revealed no abnormality of skin. Currently, there was increase in the skin folds on the face, neck and ear lobules (Fig. 2). There was minimal redundancy of the skin on the scalp, chest, abdomen and perineum. There was mild conjunctival congestion and excessive lacrimation. Proctoscopic examination revealed grade 2 piles. Hemogram showed moderate anemia and urine analysis was normal. X-ray chest, skull, intravenous pyelography and barium studies of gastro-intestinal tract revealed no abnormality. Histopathological examination of the skin from neck and face showed normal epidermis and collagen fibres in the dermis. The elastic fibres were scanty, fragmented and clumped. There were plenty of sebaceous glands. The findings were consistent with the diagnosis of cutis laxa.

Comments

Acquired cutis laxa generally starts at the age of 5 to 50 years and it closely resembles the congenital type clinically, morphologically and pathologically.^{5,6} It has been reported in asso-

From the Section of Skin, VD and Leprosy, Department of Medicine, Medical College, Aurangabad-431-001 (Maharashtra), India.

Address correspondence to : Dr Anil Kumar Gaikwad.



Fig. 1. Clinical appearance at the age of 12 years.

ciation with vesicular eruptions,^{2,3} persistent urticaria,^{4,6} erythema multiforme,^{2,6} eczematous dermatitis⁷ and multiple myeloma.⁸ It has occasionally been reported following typhoid fever¹ and operative trauma.⁶ The exact etiopathogenesis of cutis laxa is not known though Zenker's degeneration in typhoid fever has been postulated.¹ Several systemic abnormalities are known in association with acquired cutis laxa. The common ones being emphysema,^{2,3,5} tracheobronchomegaly and pneumothorax⁴ and hernia.^{2,5} The course of acquired cutis laxa is variable and the commonest cause of death has been congestive cardiac failure.^{2,5} There is no drug to halt the progress of the disease.

References

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Fig. 2. Increased folds of skin on the face giving an appearance of senility.

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