MACULAR AMYLOIDOSIS (A Case Report)

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Summary

A case of macular cutaneous amyloidosis occurring in an unusual site is reported.

Macular amyloidosis is a rare dermatological entity, associated with deposition of amyloid in apparently normal skin and without any evidence of deposit in any other organ. This disease is more prevalent in South America¹ and the Middle East².

Black and Jones³ in their series of 21 cases, found nine of them to be of Indian origin and two from Middle East. In another series of 40 patients with Lichen amyloidosis from Singapore⁴ only one patient was of Indian origin. Recently Mathur et al⁵ have reported a series of eight patients from India with macular amyloidosis. The present communication pertains to a case report of macular amyloidosis presenting at an unusual site.

Case Report

A 50 years old Hindu female was first seen in August 1975, complaining of hyperpigmented macular lesion over the nose for one year. The lesion was slowly progressive in nature and not itchy. Earlier in May 1975, she was

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treated with Inj. Orisol intralesionally for about two months for Oriental sore without any response. There was no history of drug ingestion or atopy.

Examination of the skin showed a reddish brown macular, non-itchy lesion of about 2 cms diameter with diffuse margins on the tip of the nose. Multiple pinprick marks were present over the lesion (Fig. 1 page No. 193). Patient's general health was good and no abnormality could be detected on general systemic examination.

All routine investigations were within normal limits. Histopathological examination of skin showed deposition of amyloid as faintly eosinophilic, amorphous, fissured masses in the dermal papillae separated from the epidermis at places by a thin zone of collagen tissue. (Fig. 2 page No. 193). Periodic acid Schiff reaction and metachromatic staining with crystal violet were positive for amyloid. (Fig. 3 page No. 193).

Discussion

Macular amyloidosis is a rare dermatological disorder which is characterized by hyperpigmented, itchy, macular lesions with rippling.

In the present case report, a hyperpigmented, non-itchy, macular lesion was present over the tip of the nose. Palitz and Peck⁶ were the first to demonstrate amyloid in macular lesions over the limb in two Puerto Rican women. Involvement of scapular region has also been reported by Shanon and Sagher², Black and Jones³ and Mathur et al⁵. To the best of our knowledge, involvement of nose has not been reported so far.

Pruritus is another feature which often attracts the patients' attention. Cortes⁷ noted the presence of pruritus in half of his 21 cases with macular cutaneous amyloidosis. Black and Jones³ noted the presence of pruritus in 17 out of 21 cases and Mathur et al⁵ reported the presence of pruritus in 6 out of 8 cases with macular amyloidosis. In the present case the lesion was nonitchy.

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