

## Necrobiosis Lipoidica

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None reported.

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A woman with type 2 diabetes mellitus (glycated hemoglobin, 8%) presented with a skin plaque on her right foot. Examination revealed a single waxy, yellow, atrophic, ill-defined plaque overlaid with telangiectatic vessels (pictured). Necrobiosis lipoidica (NL) was diagnosed. The patient's lesion continues to be monitored, and detailed integument examinations are performed on a regular basis. No additional lesions have been found; the existing lesion is clinically stable and does not cause any discomfort.

An uncommon chronic granulomatous dermatitis, NL has a strong association with diabetes mellitus.<sup>1</sup> Early lesions typically appear as slowly enlarging reddish-brown to yellow sclerodermiform plaques with telangiectatic vessels overlying the surface; however, ulceration may occur in as many as 25% to 35% of cases.<sup>2</sup> Although NL is found in less than 1% of patients with diabetes, 75% of in-

dividuals with NL have or will develop diabetes mellitus.<sup>3</sup> There is no proven treatment, but topical or intradermal corticosteroids, topical 0.005% psoralen with ultraviolet-A irradiation, topical 0.1% tacrolimus, and subcutaneous tumor necrosis factor inhibitors have shown promise in selected cases.<sup>1,2</sup> Although the presence of NL does not correlate with blood glucose levels, it should prompt further evaluation for diabetes mellitus.<sup>3</sup>

### References

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