

MACULOUS AMYLOIDOSIS IN PHOTO-EXPOSED AREAS: AN UNUSUAL PRESENTATION

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INTRODUCTION

Macular amyloidosis (MA) is a primary cutaneous form of manifestation of the different types of amyloidosis, which can be both localized and systemic. It is characterized by hyperpigmented patches frequently located on the upper back, mainly affecting the interscapular area.

CASE REPORT

Patient, male, 47 years old, brown, gas station attendant, began dermatological follow-up reporting the appearance of hyperpigmented, non-pruritic lesions on the upper and lower limbs, without extending to other regions, which appeared about 7 months ago, coinciding with a change in the environment work for a gas station. During the anamnesis, he reported a previous dermatological consultation in another service, where he was referred for an incisional biopsy, carried out in four different locations on the left and right upper limbs, the histopathological result of which demonstrated cutaneous melanosis, being considered inconclusive and sent for dermatological reevaluation. Upon dermatological examination, multiple hyperchromic spots were observed in photoexposed areas of the upper and lower limbs on both extensor and abductor surfaces, which coalesce, asymmetrical, with well-defined edges, brownish in color, measuring up to 10 centimeters. The procedure was to perform an incisional skin biopsy again, carefully choosing a darkened and atrophic spot on the left lower limb. In the histopathological study of the skin lesion, the microscopy results revealed discrete chronic dermatitis with intense fibrosis and the presence of eosinophilic amorphous material similar to amyloid. After the result, additional tests were requested with respective results: Hemoglobin: 14.2g/dL; Leukocytes: 5,000/mm³; Reticulocytes: 0.7%; Urea: 27mg/dL;

Creatinine: 0.75mg/dL. The case in question is an example of an atypical manifestation of the disease, extending to both the lower and upper limbs. Treatment involves the use of potent topical corticosteroids, and

recurrence may occur if use is discontinued. In this case, Photoprotection and Clobetazol Propionate 0.05% were prescribed for clinical improvement of the lesions.

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