

Introduction

Miliaria represent a group of pathologies, characterized by heterogeneous skin eruptions, determined by the blocking of sweat ducts, resulting in the leakage of eccrine sweat into the epidermis or dermis. We note 3 basic types of miliaria, depending on the depth at which the obstruction of the sweat duct occurred: miliaria crystallina, rubra and profunda. In miliaria cristallina, the ductal obstruction is most superficial, occurring in the stratum corneum. Clinically, this type of miliaria is characterised by tiny, fragile, clear vesicles. The following factors can cause miliaria crystallina: immaturity of the eccrine ducts, occlusive skin covering (patches), synthetic material clothing, hot and humid conditions, lack of acclimatization, high fever, type 1 pseudohypoaldosteronism, UV rays. Also, in the medical literature, several cases of the appearance of miliaria crystallina on the background of severe hypothyroidism in children are described. Thyroid hormones are important regulators of epidermal homeostasis. In cases of hypothyroidism, the skin becomes rough and covered with fine scales and the effect on the sweat glands is by reducing seating and causing xerosis. Histological examination will reveal thinning of the epidermis and hyperkeratosis.

Objective

To examine the cutaneous presentation of miliaria crystallina - a dermatosis associated with thyroid dysfunction.

Case report

We present a case of crystalline miliaria in a 25-year-old patient with Down syndrome, admitted to the endocrinology department due to decompensated hypothyroidism, associated with severe myxedema and polyserositis: cardiac effusion, pleurisy and ascites. On the 10th day of treatment in the clinic, eruptions appeared in the form of superficial, semi-transparent vesicles, 1-2 mm in diameter, similar to „raindrops”, non-pruritic. The elements were mainly disseminated in the region of the trunk, neck, abdomen and less in the thighs, without inflammatory signs of the adjacent teguments, the patient being afebrile. The rashes resolved spontaneously on the 3rd day after the onset, without specific medical intervention, with the restoration of the initial appearance of the involved integuments.

Discussions

The appearance of miliaria crystallina after 10 days of treatment can be interpreted as a consequence of long-term hormonal deficiency, but also as a consequence of substitution therapy and the reappearance of the sweat-stimulating effect of thyroid hormones after a long period of decompensated hypothyroidism. Cases of miliaria due to hypothyroidism in children are described in the literature, but this is practically not described in adults with this pathology.

Conclusions

The deficiency of thyroid hormones that are directly involved in epidermal homeostasis can cause skin manifestations, such as miliaria crystallina in our case, through direct or indirect actions on the skin. Miliaria crystallina is a rare, benign, self-limiting pathology that resolves itself without specific medical intervention.

FOLOSIREA PE TERMEN LUNG A CORTICOSTEROIZILOR SISTEMICI LA UN PACIENT CU PSORIAZIS VULGAR – PREZENTARE DE CAZ CLINIC

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Introducere

Corticosteroidii (CS) sunt medicamente utilizate pe larg în medicină [1]. Datorită efectelor lor antiinflamatorii și imunosupresoare, aceștia sunt administrați în tratamentul multor dermatoze responsive la steroizi, inclusiv psoriazisul. CS topici reprezintă unul dintre cele mai comune tratamente topice pentru psoriazis[2]. Cu toate acestea, utilizarea CS sistemici în tratamentul psoriazisului nu este recomandată de manualele și

de ghidurile dermatologice din cauza riscului de agravare a bolii după reducerea sau retragerea dozei [3]. În pofida acestei recomandări, CS sunt frecvent prescriși pentru pacienți cu psoriazis [4].

Scopul

Reevaluarea paradigmei conform căreia CS sistemici sunt contraindicați în tratamentul psoriazisului, pe marginea unui caz clinic.

Caz clinic

Prezentăm cazul pacientului G.I., în vârstă de 56 de ani, care prezenta leziuni cutanate diseminate la nivelul feței, trunchiului și membrelor, precum și dureri articulare la nivelul coatelor, mâinilor, șoldurilor și genunchilor. Pacientul este diagnosticat cu psoriazis vulgar, forma numulară, de 18 ani. Inițial, boala avea o evoluție ușoară, cu o arie de afectare cutanată care nu depășea 3%. Sub acțiunea tratamentului săptămânal cu sol. Flosteron 7mg/1ml i/m, aplicat de sine stătător în decurs de 15 ani, pacientul a observat scăderea treptată a efectului terapeutic cu agravarea evolutivă a psoriazisului.

Statut dermatologic: la nivelul trunchiului, membrelor superioare și inferioare se observă multiple papule numulare și lenticulare bine delimitate, de culoare roșie, acoperite de scuame albe-sidefii care se detașează ușor. Triada psoriazică este pozitivă. Onicodistrofia se manifestă prin colorația gălbuie a lamei unghiale, piting și striții longitudinale. La nivelul feței, toracelui și membrelor sunt prezente semne de sindrom Cushing post medicamentos, caracterizat prin: față de lună plină, ceafă de bizon, vergeturi, atrofii cutanate, obezitate tip superior, pe alocuri hematoame cauzate de fragilitatea vaselor și telangiectazii. Diagnosticul stabilit a fost psoriazis vulgar, forma numulară, cu evoluție severă și aria de afectare cutanată mai mare de 10%. Investigațiile paraclinice au relevat: nivelul de cortisol - 0.95 (norma 5,1-17 ug/dL). Rx șoldului: Coxartroza bilaterală, pe dreapta gr. I, pe stângă - gr. II, osteoporoza. A fost indicat tratament cu CS topici, fototerapie și citostatici sistemici (sol. Metotrexat 15 mg/săptămânal), însă fără ameliorare semnificativă.

Discuții

Utilizarea prelungită și necontrolată a CS poate cauza numeroase efecte adverse, atât la nivel cutanat, cât și sistemic. Administrarea CS sistemici la pacienții cu psoriazis vulgar este contraindicată, deoarece poate agrava evoluția procesului cutanat, transformând formele ușoare de psoriazis în forme severe, cum ar fi psoriazisul pustulos și eritrodermia. Totodată, se observă reducerea eficacității metodelor standard de tratament pentru psoriazis.

Concluzii

Acest studiu susține paradigma existentă, conform căreia CS sistemici sunt contraindicați în tratamentul psoriazisului vulgar.

Bibliografie

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LONG-TERM USE OF SYSTEMIC CORTICOSTEROIDS IN A PATIENT WITH PSORIASIS VULGARIS - CLINICAL CASE REPORT

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Introduction

Corticosteroids (CS) are drugs widely used in medicine [1]. Due to its anti-inflammatory and immunosuppressive effects, they are administered in the treatment of many steroid-responsive dermatoses, including

psoriasis. Topical CS are one of the most common topical treatments for psoriasis [2]. At the same time, the use of systemic CS in the treatment of psoriasis is not recommended by dermatological manuals and guidelines because of the risk of worsening the disease after reducing or withdrawing the dose [3]. However, despite this recommendation, CS are frequently prescribed to these patients [4].

Objective of the study

Reevaluation of the paradigm according to which systemic CS are contraindicated in the treatment of psoriasis, based on one clinical case.

Clinical case

The case of a male patient 56 year-old, with widespread skin lesions on the face, trunk and limbs, joint pain in the elbows, hands, hips and knees. He is considered sick with psoriasis vulgaris, the nummular form, for 18 years. Initially, the process had a mild evolution, where the area of skin damage did not exceed 3%. Under the action of weekly treatment with sol.Flosteron 7mg/1ml i/m, applied independently over 15 years, the patient noticed the gradual decrease of the therapeutic effect with the progressive worsening of psoriasis. Dermatological status: At the level of the trunk, upper and lower limbs, there are multiple well-defined nummular and lenticular papules, red in color, covered by pearly-white scales, which detach easily. Positive psoriatic triad. Onychodystrophy is manifested by the yellowish coloring of the nail plate, pitting and longitudinal striations. On the face, chest and limbs, signs of post-medicated Cushing's syndrome characterized by: full moon face, buffalo hump, stretch marks, skin atrophy, upper type obesity, in some places hematomas caused by vessel fragility, telangiectasias. The established diagnosis was Psoriasis vulgaris, the nummular form, with severe evolution, with the area of skin damage greater than 10%. Paraclinical investigations: Cortisol level- 0.95 (norm 5.1- 17 ug/dL). X-ray of the hip: Bilateral coxarthrosis, on the right gr.I, on the left - gr. II, osteoporosis. Treatment with topical CS, phototherapy and systemic cytostatics (sol. Methotrexate 15 mg/week) was indicated, but without significant improvement.

Discussions

Uncontrolled long-term use of CS leads to multiple adverse effects, both cutaneous and systemic. Systemic CS are contraindicated in patients with psoriasis vulgaris, because they can worsen the evolution of the skin process, with the transformation of mild forms of psoriasis into severe forms, such as pustular psoriasis and erythroderma. At the same time, there is a delay in the expected effect from standard psoriasis treatment methods.

Conclusions

In this study we agree with the old paradigm that systemic CS are contraindicated in the treatment of psoriasis vulgaris.

References:

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MANIFESTĂRI CUTANATE ALE PROCESELOR NEOPLAZICE HEMATOLOGICE CU EVOLUȚIE NEFAVORABILĂ

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