

SKIN MANIFESTATIONS OF SYSTEMIC DISEASE

Connective Tissue Diseases

Systemic Sclerosis / CREST



Perioral skin puckering and telangiectasia

Dermal sclerosis leads to changes in the face, hand and feet.

Face – “beaked nose”, Telangiectasia perioral skin puckering.

Hands and feet – sclerodactyly (smooth shiny skin over the digits), nail fold telangiectasia, evidence of raynauds and digital ischaemia, calcium deposits in the digit tips.

Process also affects other organ systems

SLE



Malar rash

Raised flat patches of malar erythema on the face

Spares the nasolabial folds

Photosensitivity

Caused by a vasculitic process and therefore can have other vasculitic rashes, typically on the elbows, knees, hands and feet.

Process also affects other organ systems

Dermatomyositis



Heliotrope rash

Heliotrope rash (localised “purple” erythema mainly on the eyelids and cheeks)

Periorbital oedema

Similar rash on back of hands

Dilated nail fold capillaries

Muscle aching and weakness

Associated with underlying carcinoma (commonly breast / lung / ovary / GIT)

Endocrine Disease

Diabetes - Necrobiosis Lipodica Diabeticorum



Demarcated oval plaques with a shiny atrophic surface
Characteristic yellowish centres and brown / red edges
Usually on the shins but can occur elsewhere
Usually associated with diabetes, but can occur in the pre-diabetic
Good control of diabetes and occasionally topical steroids may help

Thyroid disease - Pretibial Myxoedema



Elevated symmetrical lesions over the anterolateral aspects of the shins (may spread onto the feet)
Red/purple in colour
Raised with well defined margins
Shiny skin with an “orange peel” appearance
Can be painful
Associated with Graves disease

GI Disease

Coeliac - Dermatitis Herpetiformis



Groups of erythematous papules. Itchy ++
 Lesions can be vesicular / blistering
 Usually found on the elbows, knees, buttocks, scalp and upper back. Can be generalised
 Gradual onset
 Associated with Gluten- sensitive enteropathies.

Inflammatory bowel disease - Pyoderma Gangrenosum



Area of non-specific inflammation and pustules break down to form a necrotic ulcer
 Purple hypertrophic margins
 Underlying vasculitis
 Can occur anywhere, but most common on the legs
 Strong association with Inflammatory bowel disease
 Systemic steroids may help

Also associated with rheumatoid arthritis, lymphoproliferative and myeloproliferative disorders, diabetes and sarcoidosis

Other

Acanthosis Nigricans



Brown hyperpigmentation and thickening of the skin of the body folds
 Associated with obesity and insulin resistance, endocrine disease (Cushing's, acromegaly, PCOS, hypo and hyperthyroid) and malignancy (usually adenocarcinoma of GIT and uterus)
 If the oral mucosa is involved it is highly suggestive of malignancy

Erythema Nodosum

Firm, gradually developing nodules
 Mainly on extensor surfaces of the legs
 Tender
 Progress over 6 weeks from an acute erythematous stage to "bruise like" lesions



Associated with:

Sarcoidosis

Infections: Strep / TB / viral and fungal

Drugs: OCP / sulphonamides

Inflammatory bowel disease

Lymphoma

Vitiligo

Areas of de-pigmentation due to loss of melanocytes and melanin

Associated with any organ specific autoimmune disorder

Xanthelasma

Deposition of fat in the tissues

Yellow plaques around the eyes

Associated with hyperlipidaemia

Can also get tendon xanthomas and eruptive xanthomas.

There were loads of other conditions I could have included, but I thought these were the most important / common ones. Sorry if I've missed anything obvious out. I deliberately didn't put in erythema multiforme / TEN etc as its being covered elsewhere this week.