



Abstract N°: 410

### Management of patients with acquired perforating dermatosis: a case report

Galyna Makurina<sup>1</sup>, Liliia Horodokina<sup>1</sup>

<sup>1</sup>Zaporizhzhia State Medical University, Zaporizhzhia, Ukraine

**Introduction & Objectives:** Acquired perforating dermatosis does not meet the criteria for a widespread dermatosis, as it is not often encountered in routine clinical practice. The latter may be due to the pronounced mimicry of this disease with many other skin lesions: from prurigo nodularis and lichen planus to neoplasia such as multiple keratoacanthomas. This visual similarity creates additional problems in verifying the diagnosis of perforating dermatosis, requiring additional diagnostic measures. On the other hand, the complexity of managing patients with acquired perforating dermatosis lies in the frequent association with somatic changes, such as renal or hepatic failure, diabetes mellitus, or visceral oncopathology. That is why the management of this disease demands a comprehensive and individual approach.

**Materials & Methods:** A clinical case of a patient with acquired perforating dermatosis is described.

**Results:** A 70-year-old male patient presented with complaints of a rash on the trunk and extremities, accompanied by abnormally aggressive itching, significantly affecting quality of life in a negative context with sleep and daytime activity disturbances. The history shows that the rash had appeared within the last 3 months. Somatically: heart failure in the stage of decompensation, chronic renal and hepatic failure, diabetes mellitus - subcompensated. Objectively at the time of examination: on the skin of the trunk, extremities, dome-shaped papules with an umbilical depression, erosions, and crusts on the surface of the individual, as a result of excoriations of these efflorescences. Considering the subjective changes and clinical manifestations, specialists are faced with a wide range of diagnoses for differential diagnosis. The "gold standard" for diagnosis verification is histological examination. According to the results of the skin biopsy: the epidermis with hyperkeratosis, hypergranulosis, and focal invagination of the epidermis, which is filled with keratin masses, and accumulations of neutrophils. In this area, transepidermal elimination of collagen and elastic fibers is observed. In the epidermis, moderate diffuse spongiosis is present. In the adjacent dermis, there are cicatricial changes and focal moderate lymphohistiocytic infiltration. When stained for elastic fibers: transepidermal elimination of elastic fibers is observed. This confirmation of the diagnosis and the presence of somatic compromise of the patient requires not only dermatological but also therapeutic intervention. Thus, the prescribed topical corticosteroids, and systemic antihistamines in combination with the correction of blood sugar levels and measures to compensate for heart, kidney, and liver function - led to the stabilization of the skin process, and a significant reduction in itching.

**Conclusion:** That is why acquired perforating dermatosis should be considered as a complex process that requires the attention of an interdisciplinary team.

