

## Lichen amyloidosis

A 42-year-old Chinese male presented with a markedly itchy rash over both shins which was of 6 years' duration. Physical examination revealed multiple hyperpigmented keratotic papules on both shins (Fig). Diagnostic skin biopsy showed epidermal hyperkeratosis and acanthosis. Deposition of an amorphous eosinophilic substance in the papillary dermis was evident on congo red and crystal violet staining. The diagnosis made was lichen amyloidosis. The patient was treated with topical corticosteroids, a keratolytic agent, and systemic antihistamine agents, with mild improvement noted.



**Fig.** The lichenoid papular plaque over the shin can be seen

Although rare in Caucasians, primary cutaneous amyloidosis (PCA) is not uncommon in Chinese. Lichen amyloidosis is the most common clinical variant, accounting for 67% of cases.<sup>1</sup> Other types of PCA include macular, nodular, and anosacral amyloidosis. The underlying cause of amyloid deposition is unknown. Injuries induced by trauma or insect bites may cause the initial damage to the epidermal keratinocytes. Treatment is usually unsatisfactory. Reduction of friction, potent topical corticosteroids, and keratolytic agents comprise the first-line treatment. Occlusion may be required to enhance the efficacy of topical treatments and prevent scratching. Systemic retinoid, dermabrasion, and the use of a scalpel to scrape the upper layer of the skin may also be helpful.<sup>2</sup> Frequency-doubled Nd:YAG laser treatment has recently been reported to produce excellent results.<sup>3</sup>

LY Chan, MRCP, FHKAM (Medicine)  
 WYM Tang, FRCP (Edin), FHKAM (Medicine)  
 CY Leung, FRCP (Edin), FHKAM (Medicine)  
 KK Lo, FRCP (Edin, Glasg), FHKAM (Medicine)  
 Social Hygiene Service, Department of Health  
 Tuen Mun Social Hygiene Clinic  
 9/F, Tuen Mun Hospital Ambulatory Care Center  
 Tuen Mun Hospital, Tsing Chung Koon Road, Hong Kong

### References

1. Wang WJ, Chang YT, Huang CY, Lee DD. Clinical and histopathological characteristics of primary cutaneous amyloidosis in 794 Chinese patients. *Zhonghua Yi Xue Za Zhi (Taipei)* 2001;64:101-7.
2. Harahap M, Marwali MR. The treatment of lichen amyloidosis. A review and a new technique. *Dermatol Surg* 1998;24:251-4.
3. Liu HT. Treatment of lichen amyloidosis (LA) and disseminated superficial porokeratosis (DSP) with frequency-doubled Q-switched Nd:YAG laser. *Dermatol Surg* 2000;26:958-62.