KSN 2017 Abstract

KSN-17-P258

Successful treatment of acquired perforating dermatosis in a patient on peritoneal dialysis by using oral isotretinoin

Huiseo KIM[1], Sanghee LEE[1], Beom KIM [1], *Haewon KIM[1], Dongyoung LEE[1]

[1]nephrology, VHS medical center, Korea,South, [2]Pathology, VHS medical center, Korea,South

Background: Acquired perforating dermatosis (APD) is known to trigger severe itching, and observed most often in diabetes mellitus (DM) and chronic renal disease(CKD) patient. The precise etiology is undiscovered, and several medications such as topical steroid, systemic steroid, immunosuppressive agent, allopurinol, UVB phototherapy, and topical isotretinoin are trying to as a treatment, but an established therapy is still unavailable.
Casereport: The patient was a 68-year-old man who was diagnosed with DM and admitted nephrology department for peritoneal dialysis. During hospitalization, existing skin lesion was getting worse and patient complaint severe itching (visual analogue scale 10). Multiple nodular lesions with severe itching started on his lower back area and abdomen. Lesions developed and gradually spreaded to both arms and legs. Before admission, his dermatologist already had a suspicion of patient's diagnosis as APD and treated with anti histamine, topical steroid, topical isotretinoin, photodynamic therepay (NB-UVB (300-1000 mJ)), and topical steroid therapy were applied in combination. Afterward, itching and skin lesions showed a slight improvement. Before long, symptoms recurred. For treatment of itching, biopsy for confirm diagnosis was done. Pathologic report present that inflammatory cells above the umbilicated lesions were found. Transepidermal collagen elimination was observed. Based on the clinical manifestations and biopsy results, the patient was diagnosed with perforating dermatitis. After use of systemic steroid (prednisolone 30mg/day), symptoms were improved, thus patient discharged and has visited outpatient clinic for two month with tapering of prednisolone. Because of obesity, and hyperglycemia, more use of high dose steroid seemed to be impossible. Therefore we stopped prednisolone. Finally, we try oral isotretinoin (a vitamin A derivative) as a last choice treatment.
Three days after using oral isotretinoin (a vitamin A derivative) 20mg/day, remarkable improvement of symptoms were found. One week after since applied oral isotretinoin (a vitamin A derivative), lesions were all gone and only scars were remain. There are no adverse effect.
Conclusion: APD is frequently occur in diabetes mellitus nephropathy patients. And there are concerns about using systemic medication such as isotretinoin to CKD patient. This case could be a useful for treatement of refractory APD patient with CKD.

Keywords :