PHOTOBIOLOGY AND PHOTOPROTECTION

PORPHYRIA CUTANEA TARDA

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The autors present the case of a patient attended at the dermatology outpatient clinic who referred a long history of dermatological lesions without diagnosis. The lesions began on the back of hands and were located symmetrically, with an erythematous base and well-defined vesico-bullous lesions, wich ruptured and formed scars.
On this occasion he was medicated with corticosteroids, showed little clinical improvement and did not return to the doctor to continue the investigations.
Similar lesions also appeared in the ears, face, head, in the regions of exposure to the sun. He reported that approximately 10 years ago he observed papulo-keratotic lesions on the backs of the hands, elbows, on the face and also in the legs. Also it was noticed a change in his voice, both the timbre and the height. There was a yellowish appearance on the skin of the face with a pattern of severe aging and papular plaques on the chin, cervical region and lateral face of the fingers, as well as evident arthrosis.
With this clinical picture, the patient sought this service. In the first evaluation, besides the dermatological lesions, the patient presented a certain degree of psychomotor disorientation. When questioned he confirmed alcoholism and reported that he was losing visual ability. The results of the laboratory and imaging tests confirmed the diagnosis of porphyria cutanea tarda.
Cutaneous porphyria results from the hypoactivity of the enzyme uroporphyrinogen decarboxylase, wich leads to the accumulation of porphyrins in the liver. Liver disease is common. About 35% os people develop cirrhosis and 7% to 24% develop liver câncer. Skin lesions occur because the excess porphyrins produced in the liver are transported through the bloodstream to the skin.
The autors report this case because it is a rare pathology and due to the richness of the dianostic signs in lesions evolution.