



SKIN MANIFESTATIONS OF INTERNAL DISEASE

CUTANEOUS AMYLOIDOSIS AND ORAL LICHEN PLANUS ASSOCIATED WITH PRIMARY BILIARY CIRRHOSIS

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Background: Cutaneous amyloidosis is a rare disease characterized by the deposition of amyloid in previously healthy skin with no systemic involvement. It has been linked to various autoimmune diseases, including primary biliary cirrhosis (PBC). Oral lichen planus (OLP) is a chronic inflammatory mucocutaneous disorder affecting the stratified squamous epithelium, with a prevalence of 0.02–1.2% among the various populations. The association between OLP and hepatitis C virus infection has been reported frequently. On the other hand, the association between lichen planus and PBC been reported rarely. We present the case of a patient with a PBC overlap syndrome with concomitant cutaneous amyloidosis and OLP, a very unusual association. To our knowledge, this is the first report of the coexistence of these 3 diseases.

Observation: A 57-year-old woman with PBC presents with a sense of burning pain that intensifies during eating and pruritic macules with brownish pigmentation on her skin for 2 years. On examination, reticulate brown macules were found at her arms and trunk. Clinical investigating of oral mucosa was presented with erosions superficial ulceration, erythematous background, Wickham stretch marks. A skin biopsy from a pigmented macule on her trunk showed eosinophilic homogeneous material in the papillary dermis and upper reticular dermis. Histopathological researches of oral mucosa confirmed: canceled epithelium, degenerative changes in basal layer, and the individual basal cells atrophic-term changes. Serology for hepatitis A, B, C and HIV was negative. The patient was treated with a combination of ursodeoxycholic, prednisone and rinsing with clorhexidine gluconate two times a day, all with good response.

Key message: It is critical to emphasize that dermatologist should be aware of the association of OLP and cutaneous amyloidosis that were are describing for the first time; since PBC is also involved we suggest that liver function test is mandatory under this circumstances.

