



## **NECROBIOSIS LIPOIDICA**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about necrobiosis lipoidica. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is necrobiosis lipoidica?**

Necrobiosis lipoidica is an uncommon condition in which shiny, red-brown or yellowish areas come up on the skin, mainly on the fronts of the shins. Its importance is that it often goes with underlying diabetes.

### **What causes necrobiosis lipoidica?**

This is not fully understood. Necrobiosis lipoidica follows damage to the fibres that give the skin its strength (collagen fibres). Some think that this is due to changes in small blood skin vessels, as these are common in diabetes.

Less than 1% of diabetics have necrobiosis, but most patients with necrobiosis will have diabetes. Some of those who are not diabetic may get diabetes later. The association is with both the insulin-dependent and non-insulin-dependent types of diabetes.

Necrobiosis lipoidica affects all races. It can occur at any age, but most commonly starts between the ages of 30 and 40. It is three times as common in women as in men. Necrobiosis lipoidica is not catching or cancerous.

### **Is necrobiosis lipoidica hereditary?**

No.

### **What are the symptoms of necrobiosis lipoidica?**

Usually there are none. The main problem lies in the rather ugly appearance of the discoloured areas. In addition, the skin there is easily broken and heals poorly, so that even minor knocks can lead to painful ulcers.

### **What does necrobiosis lipoidica look like?**

Patches of necrobiosis lipoidica usually start as one or more small, red, slightly raised areas on the front of one or both shins. Less often similar areas come up on other parts of the legs, and even on the hands, arms, trunk or face. The areas grow slowly and may join up to form larger, flatter, irregularly shaped areas. The surface of these is shiny and many tiny blood vessels can usually be seen under it. The edges of the areas are sharp and brownish-red: the centres tend to be more yellow. Ulcers can develop in these areas after minor knocks and can become infected. They are often slow to heal.

### **How will it be diagnosed?**

If there is any doubt about the diagnosis, a small sample of skin (a biopsy) may be removed under a local anaesthetic from one of the areas and examined under a microscope in the laboratory. Tests for diabetes (often including a glucose tolerance test) are worthwhile for those who have necrobiosis lipoidica but are not known to be diabetic.

### **Can it be cured?**

Only rarely does necrobiosis lipoidica clear up and this is not always the result of treatment.

### **How can necrobiosis lipoidica be treated?**

Not all cases need treatment. Many treatments have been tried but the results are unpredictable and sometimes disappointing. Healing does not automatically follow control of underlying diabetes.

The following treatments have helped some patients:

- Strong steroid creams or ointments, sometimes covered by a plastic film, may help areas that are spreading. Alternatively steroids can be injected into these areas or around their edges.
- A variety of tablets have been tried for necrobiosis lipoidica, with mixed and sometimes unconvincing results. They include pentoxifylline. PUVA treatment (using a psoralen tablet and long-wave ultraviolet light) has also been tried.
- Excision and skin grafting can be considered if the areas of necrobiosis often break down and ulcerate. However there is a risk that healing after the operation may be slow, and that the ulcers may come back.
- Simple pain killing tablets will help with pain from ulcers.

### **What can I do?**

- Avoid knocking the areas on your shins as they can break down and will heal up slowly. It may be worth protecting them with a padded dressing or elastic support stockings.
- If the patches are unsightly, you may want to camouflage them with cosmetics. It is worth getting professional help to find the best way to

colour match and to apply these. For this, your doctor may refer you to the British Red Cross Camouflage Service, which is free of charge.

- If you have diabetes, you should try to keep it under good control. There is little evidence that doing so will help the necrobiosis itself, but it may limit infections that may occur if the patches become ulcerated.

**Where can I get more information about necrobiosis lipoidica?**

You can find more information about necrobiosis lipoidica on the following websites:

[www.diabetes.org.uk/infocentre/inform/necro.htm](http://www.diabetes.org.uk/infocentre/inform/necro.htm)

[www.dermnetz.org/systemic/diabetes.html](http://www.dermnetz.org/systemic/diabetes.html)

[www.emedicine.com/derm/topic283.htm](http://www.emedicine.com/derm/topic283.htm)

**(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail)**

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