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Case Report

Acquired cutis laxa – a case report

Sunil K. Gupta, Sushil Budhiraja*

Department of Dermatology, Dayanand Medical College & Hospital, Ludhiana (Punjab), India
* Department of Pediatric Surgery, Dayanand Medical College & Hospital, Ludhiana (Punjab), India

Abstract A case of localized, truncal acquired cutis laxa without any associated inflammatory dermatoses is being reported because of rarity.

Key words
Cutis laxa, acquired, localized.

Introduction

Cutis laxa is a rare disease of unknown etiology characterized by defective elastic tissue. Clinically patient has redundant skin and hyperelasticity with variable systemic involvement. Localized cutis laxa is very rare.[1,2] We present a case of localized, acquired cutis laxa due to its rarity.

Case report

A 13-year-old boy, born of non consanguineous marriage, presented with lax skin over upper back particularly the scapular region. There was no history of similar condition in parents or other siblings. There was no history suggestive of fever, angioedema, hypersensitivity reactions or penicillamine intake by the mother. VDRL was non-reactive. Haemogram, serum calcium, liver function tests and renal function tests were within normal limits.

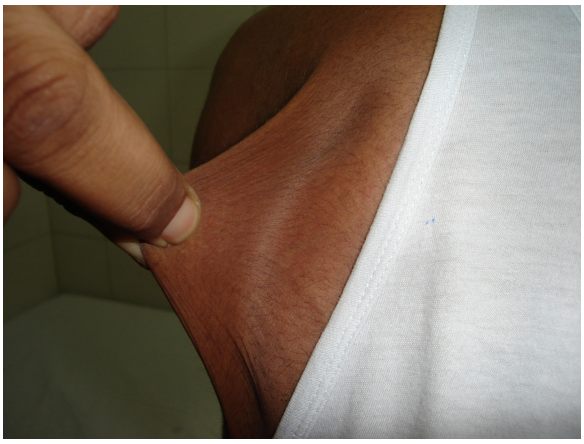

Figure 1 Photograph showing loose and hyperelastic skin in scapular region.

On examination, the skin was hyperextensible and loose over upper back especially scapulae (**Figure 1**). It recoiled slowly on being released after stretching. No other anomaly was detected on clinical systemic examination. Histology of scapular skin was consistent with the diagnosis of cutis laxa.

Address for correspondence
Dr. Sunil K. Gupta
1226/1, Lane no. 2,
Kitchlu Nagar Extension,
Ludhiana – 141001, Punjab, India
Ph # 0161-2305124 (R)
Ph # 09814033751 (M)
E mail: vsunilgupta@rediffmail.com

Discussion

Cutis laxa may be hereditary or acquired.[3] Inheritance may be autosomal dominant, autosomal recessive, or X-linked recessive. Acquired cutis laxa is rarer. It may occur following an inflammatory skin condition, angioedema, febrile illness or hypersensitivity reaction.[4] It may also occur in babies born to mothers on penicillamine therapy.

Clinical diagnosis is by finding loose skin, which recoils slowly after stretching.[3] Histologically skin is of normal thickness but elastic fibres are sparse, short, fragmented and clumped particularly in upper dermis and they show granular degeneration.[3] Generally there is universal skin involvement with variable systemic involvement. Localized skin involvement is extremely rare and there are very few reports of localized facial or acral involvement.[1,2] In the present case there was localized involvement confined to scapular region only. We have not come across any such case of localized truncal involvement published in English literature. Hence the present case is being reported in view of its rarity, localized nature and without any preceding inflammatory lesion or systemic involvement.

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