Schamberg Purpura - A Rare Complication of Skin associated with Type 2 Diabetes Mellitus

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Schamberg disease also known as “Progressive pigmented dermatosis of Schamberg”, “Purpura pigmentosa progressiva” (PPP), and Schamberg’s Purpura is a chronic discoloration of the skin found in people of all ages, usually affecting the legs.1 It slowly spreads throughout the body, and is most common in males. It is named after Jay Frank Schamberg, who described it in 1901. There are no symptoms except from itching and pigmentation but it causes psychological disturbance and patients also complain of pain in their limbs.2

Case History
A middle aged male of 50 years of age resident of Rawalpindi presented with severe discoloration of skin involving the back of both the legs as well as of the ankles. He also complained of dull pain in involved areas of legs. He was a patient of type 2 diabetes mellitus for last 5 years for which he had been taking oral hypoglycemic drugs regularly. Glucose profile was normal. Apart from this he had no other systemic involvement and his chemical and hematological profile was within normal range on examination. The patient had asymmetrical brown patches over the back of both the legs as well as in the ankle region. Lesions were non blanching and not raised over the surface. Scratch marks were also noted on the skin.

Discussion
Schamberg’s disease is rare and usually associated with diabetes mellitus, rheumatoid arthritis and systemic lupus erythematosus.3,4 It most often affects the legs and discoloration is due to haemosiderin deposit. It is caused by leaky blood vessels near the surface of the skin. RBCs exude out of capillaries and release iron in the skin area.5 The eruption may persist for many years. It also has a possible genetic link.6 The platelet count and clotting profile is normal and diagnosis is confirmed by skin biopsy in which capillaries of dermal vessels, perivascular inflammation and endothelial hypertrophy with extravasation of blood cells and haemosiderin laden macrophages is seen.7 The condition is managed by topical steroid/ antihistamines. Application of narrow-band UV light aminaphthone is also reported to be helpful.8 Esoralon therapy has also been used with promising results.8

Fig 1 & 2: Asymmetrical brown patches over the back of both the legs. Lesions are non blanching and are not raised over the surface.

References
5. Mehregan D. Pigmented Purpuric Dermatitis, Medscape, 2010