



Grave's disease: Classical triad & response to treatment

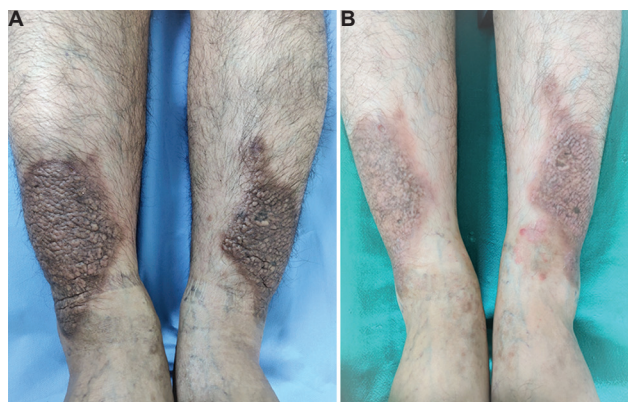


Fig. 1. (A) Symmetrical, brown plaques with peau-d' orange appearance over bilateral lower legs suggestive of pretibial myxoedema. (B) Post-treatment image showing a remarkable reduction in the thickness of the plaques and improvement in texture.



Fig. 2. Bilateral proptosis suggestive of thyroid ophthalmopathy.



Fig. 3. Pan digital clubbing (arrows) as a manifestation of thyroid acropachy.

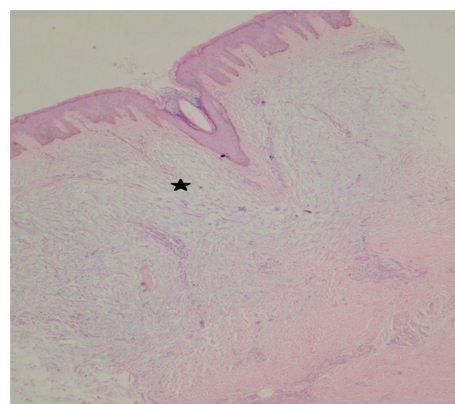


Fig. 4. Histopathology from the plaques on haematoxylin and eosin stain (×40) showing large deposits on mucin in the reticular dermis (*), separating collagen fibres.

A 44 yr old male[†], presented to the department of Dermatology, Venereology & Sexually Transmitted Diseases, University College of Medical Sciences and Guru Teg Bahadur (UCMS & GTB) Hospital,

Delhi, India, in February 2019, with symmetrical, brown plaques having peau-d' orange appearance bilaterally over the anterior aspect of lower legs (Fig. 1A). He also had exophthalmos (Fig. 2) and thyroid

[†]Patient's consent obtained to publish clinical information and images.

acropachy (Fig. 3). Laboratory tests showed high levels of anti-thyroid peroxidase antibodies (112 IU/ml) and thyroid profile indicative of Grave's disease. Histopathological (Fig. 4) examination of punch biopsy from the leg lesions, showed features consistent with pretibial myxoedema. The patient was started on oral propranolol and carbimazole. Pretibial lesions were treated with topical high potent corticosteroids under occlusion and intralesional corticosteroid injections (20 mg/ml) at four weekly intervals. At six months follow up there was a significant improvement in texture and appearance of the plaques (Fig. 1B). Grave's disease presents with a triad of exophthalmos, myxoedema and acropachy in <1% population. Pretibial myxedema is an infrequent manifestation of Grave's

disease accounting for <5% of cases. The present case depicts Grave's disease with the classical triad of pretibial myxoedema, ophthalmopathy and thyroid acropachy managed successfully on medications and topical as well as intralesional steroids.

Conflicts of Interest: None.

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