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A CASE OF IDIOPATHIC ATROPHY OF THE SKIN.

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THERE are only a limited number of cases of idiopathic atrophy of the skin recorded in medical literature, as may be seen in Dr. Bronson's * recent article and report of a superb example of the process. He has carefully collected those known, so that I need only cite his paper as a source for information on the subject, and I would, therefore, only add one more case to the list, which may possibly be of interest since, being for some months under observation, certain features in the mode of its extension could be observed and followed.

Male, German, aged forty-five, in the liquor business, consulted me February 25, 1889, for an ulcer on the left ankle, arising from a slight traumatism. The veins of the leg and feet were extremely varicose, and examination of the knee and thigh revealed the curious condition to be described in this article, and to which the patient had not made any reference. He stated that he was in robust health, though from time to time he had attacks of rheumatism. His functional condition was perfectly good. He was tall and slight in build. No history pointing to syphilis or to any chronic intoxication was obtainable. When a child, he had had an eczematous eruption in both popliteal spaces and ulcerations on the legs. Both had been treated and healed, the latter leaving scars still visible. About the age of twenty-five, he had been struck on the left knee by a ball, and he had been lame for some time after. Some thirteen years ago he had been in the habit of jumping a great deal, both from heights and when on the ground. As nearly as he could remember, the cutaneous changes had begun about the left knee some fourteen or fifteen years ago, and they had slowly progressed up the thigh. When I saw him, the affected area began anteriorly about three inches below the left Poupart's ligament, and posteriorly from the middle of the gluteal region. From these points,

* E. B. Bronson. *Journ. Cutan. and Gen.-Urin. Dis.*, January, 1895.

the changes extended over the entire skin of the thigh and nates down to and including the knee. The affected surface was completely atrophied, excessively thin, dry, wrinkled, and loose, not bound down, of a dark red, without any traces of the hairs, and scaly. The veins were very large, prominent and tortuous. No subjective symptoms were mentioned, nor was there hyperæsthesia, or anæsthesia of the surface. The atrophic area was sharply limited and defined below by normal skin, but the upper boundary was slightly diffuse and continuous with a narrow, purplish-red zone. This zone was not elevated nor did it appear œdematous or swollen. It was more marked on the right knee, where the process was beginning and occupied only a space about two inches by four. This area was of recent date, and the patient stated that he had first noticed a purplish blush over the knee, followed in a short time by a varicose dilatation of the veins and a gradual thinning of the skin. Whether this description was exact or not I will not attempt to say, but the man was under observation until June, 1889, and it was seen that the purplish zone extended slowly up the thigh, and progressively as it advanced the veins became dilated and varicose, the skin atrophic, and the hairs disappeared, so that a condition entirely similar to that on the left thigh resulted. The ulcer on the ankle having been healed, the patient has no longer been seen. Unfortunately, specimens for microscopic study were refused.

With the exception of its more limited extent and the absence of subjective symptoms of all kinds, this case may be said to correspond very accurately in its clinical phenomena to Bronson's. It appears, however, to me that the most important feature shown was the purplish-red zone bounding the advancing area of atrophy, and which, progressively as it spread, was followed by the atrophic metamorphosis, a symptom not mentioned as occurring in Bronson's case. The process began at the left knee, and extended upward and peripherally so as to occupy the entire thigh; but while at its point of inception the limitation toward the normal skin was sharp and incisively definite, above, the atrophic area gradually merged into the purplish-red zone, and this latter into the normal skin. The same appearances were also noted over the right knee, and here slow extension was seen and followed, so that it would appear that this purplish-red area was the primary step in the process, and the atrophy was only its consequence. What pathological condition was represented by this clinical symptom it is certainly difficult to say, and rather useless to speculate upon, in view of the fact that the course alone of the process could be observed, while the changes in the skin itself were not. I would, therefore, only state that in my opinion the advancing cyanotic zone was the

primary step and the most important part of the process, the atrophy being secondary. What was the ætiological factor or factors in the production of this progressive venous stasis and subsequent atrophy of the skin can also not be stated. The blow on the left knee from the ball might be regarded as an ætiological factor, but that would not explain the development of the process on the right knee a number of years later. The habit of jumping, acquired by the patient, can likewise be excluded, as the primary changes had already existed about the left knee for a year or more before. In this case, therefore, as in the others recorded, the same conclusion is reached—that the cause of the atrophy is unknown and obscure, and no satisfactory explanation for its occurrence and existence can be given.

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