

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 inflammatory condition in which shiny, red-brown or yellowish patches develop in the skin, usually on the shins. Its significance is that it is often associated with underlying diabetes, both the insulin-dependent and non-insulin-dependent types.

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 the small blood vessels of the skin.

Only one in three hundred diabetics have necrobiosis lipoidica, but most patients with necrobiosis lipoidica have, or will develop, diabetes. Necrobiosis lipoidica does not appear to be related to diabetic control.

Necrobiosis lipoidica affects all races. It can occur at any age, and it is three times as common in women as in men.

Necrobiosis lipoidica is not contagious or cancerous, but there is a small risk of skin cancer (squamous cell carcinoma) developing in longstanding lesions.

Is necrobiosis lipoidica hereditary?

No.

What are the symptoms of necrobiosis lipoidica?

Usually there are none apart from the rather unsightly appearance of the discoloured areas. However, the skin in areas of necrobiosis lipoidica is often very thin, and painful ulcers are not uncommon, especially after minor knocks. When ulcers develop, they can take a long time to heal.

What does necrobiosis lipoidica look like?

Patches of necrobiosis lipoidica usually start as one or more small, red, slightly raised areas on one or both shins. Much less often, similar areas may develop on other parts of the legs, and even on the hands, arms, trunk or face. These lesions grow slowly and may

join up to form larger, flatter, irregularly-shaped areas, usually with a well-defined, red border and a shiny, yellowish centre, with visible blood vessels. If ulcers develop, they usually become sloughy (whereby a layer of dead tissue becomes separated from the surrounding living tissue) and infected.

How will it be diagnosed?

Often, the appearances are sufficient to make the diagnosis, but, if there is any doubt, your doctor may suggest that a small sample of skin (a biopsy) is removed, using a local anaesthetic, from one of the areas and examined under a microscope in the laboratory. Tests for diabetes may be suggested by your doctor for those who have necrobiosis lipoidica but are not known to be diabetic.

Can it be cured?

Unfortunately, there is no effective cure for necrobiosis lipoidica. With time, the inflammation gradually improves, leaving scarred skin, which is permanent.

How can necrobiosis lipoidica be treated?

Treatments work best in the early stages of necrobiosis lipoidica, before scarring has developed, but the results are unpredictable and sometimes disappointing.

The following treatments have helped some patients:

- Injections of steroid into the inflamed parts of necrobiosis lipoidica can be very helpful (see Patient Information Leaflet on [Intralesional Steroid Therapy](#)). Strong steroid creams or ointments, sometimes covered by a plastic film, may help areas that are spreading. [Calcineurin inhibitors](#) have also been used with good results in some patients.
- A variety of oral treatments have been tried for necrobiosis lipoidica, with mixed and sometimes unconvincing results. They include pentoxifylline, antimalarials, [colchicine](#), aspirin and a variety of tablets that suppress the immune system.
- PUVA treatment (a combination of long-wave ultraviolet light and a light-sensitizing tablet) may be beneficial to certain individuals.
- Ulcerating necrobiosis lipoidica can be difficult to treat: simple pain-killer tablets and topical antiseptics, PUVA therapy, and tablets that suppress the immune system can all be helpful.
- Surgical removal of the lesions, followed by skin grafting, tends to produce an unsatisfactory cosmetic result, and the problem may recur.

What can I do?

- Protect the lesions of necrobiosis lipoidica from injury, so as to reduce the risk of ulceration. Consider protecting them with a padded dressing, elastic support stockings or shin guards.
- If the patches are unsightly, you may wish to camouflage them. It is worth getting professional help to find the best way to colour match and to apply the cosmetics, and you can ask your doctor to refer you to somewhere that focuses on supporting people with conditions affecting their appearance.

- 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 can occur if the patches become ulcerated.
- If a lump, persistent scab or ulcer develops in an area of necrobiosis lipoidica, consult your doctor without delay: an early skin cancer can very easily be treated.

Where can I get more information about necrobiosis lipoidica?

Web links to detailed leaflets:

www.diabetes.org.uk/infocentre/inform/necro.htm

[www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/Other associated conditions/Skin Necrobiosis/](http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/Other_associated_conditions/Skin_Necrobiosis/)

www.dermnetnz.org/systemic/diabetes.html

Links to patient support groups:

Changing Faces

The Squire Centre

33-37 University Street

London, WC1E 6JN

Tel: 0300 012 0275 (for support and advice)

Tel: 0300 012 0276 (for the Skin Camouflage Service)

Email: skincam@changingfaces.org.uk

Web: www.changingfaces.org.uk

Skin Camouflage Network

56 Princes Meadow

Gosforth

Newcastle Upon Tyne, NE3 4RZ

Tel: 07851 073795 (helpline)

Email: enquiries@skincamouflagenetwork.org.uk

Web: www.skincamouflagenetwork.org.uk