

Images/Instrument in Dermatology/Dermatosurgery

Localized cutaneous nodular amyloidosis associated with Sjögren's syndrome

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A 61-year-old female patient with primary Sjögren's syndrome presented with several variously sized hemorrhagic nodules and plaques over her nape and upper back without previous trauma history [Figure 1a]. Another raised waxy yellowish asymptomatic plaque was also found on her left cheek [Figure 1b]. No signs of macroglossia or Raynaud's phenomenon were observed. Histological analysis of back and face lesions revealed amorphous eosinophilic deposition in the dermis [Figure 2a] with apple-green birefringence in Congo red stain [Figure 2b]. The immunohistochemical staining for κ and λ immunoglobulin light chains was negative. The laboratory findings demonstrated elevated ESR, ANA, RA factor, IgG, IgA, anti-Ro, and anti-La antibodies. M protein was not detected in serum immunoelectrophoresis. Bence-Jones protein was negative. The diagnosis of localized cutaneous nodular amyloidosis (LCNA) associated with

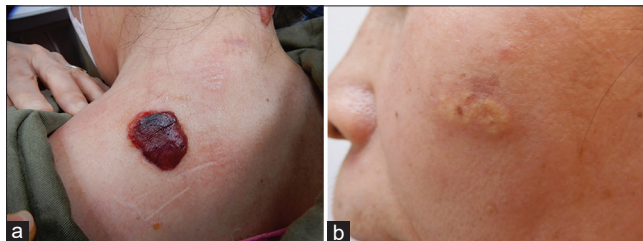


Figure 1: (a) Several variously sized hemorrhagic nodules and plaques over the nape and upper back. (b) A raised waxy yellowish asymptomatic plaque was also found on the left cheek.

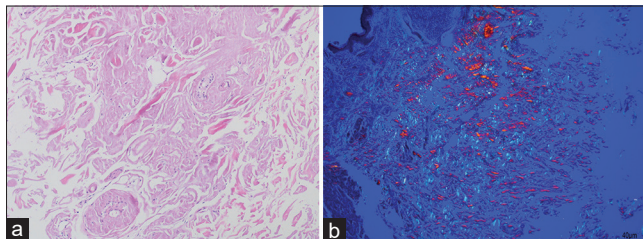


Figure 2: (a) Histological analysis revealed amorphous eosinophilic deposition in the dermis (H&E). (b) Apple-green birefringence in Congo red stain.

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Sjogren's syndrome was made. She was followed up regularly without any further treatment for her cutaneous lesions. The unique yellowish waxy plaques with hemorrhage in a patient with Sjögren's syndrome should raise the differential diagnosis of LCNA.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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