IMAGES IN DERMATOLOGY

Chronic lipodermatosclerosis secondary to venous insufficiency: Characteristic clinical presentation

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Figure 1: Brown-ochre hyperpigmented plaques with a reticulated pattern.



Figure 2: Characteristic hyperpigmented plaques interspersed with areas of depigmentation.

A 62-year-old female patient with a long-standing history of chronic venous insufficiency presents with characteristic cutaneous changes on the left lower limb. In Figure 1, a lateral view of the distal third of the left leg is observed, demonstrating diffuse brown-ochre hyperpigmentation with a reticulated pattern extending from the middle third of the leg to the ankle. Cutaneous induration with a shiny and sclerotic appearance of the skin is noted, consistent with the chronic phase of lipodermatosclerosis. The distribution of the lesions shows the typical "inverted wine bottle" configuration, with progressive narrowing of the leg diameter.[1]

Figure 2 shows a magnified lateral view of the same leg, where the characteristic pigmentary changes can be appreciated in greater detail, including areas of hyperpigmentation interspersed with patchy depigmentation. The skin surface exhibits the indurated and tense appearance typical of this condition. The clinical diagnosis of chronic lipodermatosclerosis was established based on the characteristic clinical presentation and the patient's documented history of chronic venous insufficiency.[2]

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Lipodermatosclerosis represents a form of sclerosing panniculitis that predominantly affects middle-aged women with a history of venous stasis, with a female-to-male ratio of approximately 4:1.[3] The pathophysiology involves a complex inflammatory cascade initiated by venous hypertension, leading to the activation of metalloproteinases 1, 2, and 13, perivascular fibrin deposition, and progressive fibrosis of the subcutaneous tissue.[4] Therapeutic management is based on treating the underlying venous insufficiency through graduated compression therapy, which remains the cornerstone of treatment.[5] In case series, favorable outcomes have been reported with pentoxifylline alone or in combination with oxandrolone.[6]

INFORMED CONSENT

The patient included in this study has signed an informed consent form authorizing the use of her images and clinical data exclusively for research and scientific publication purposes. It is guaranteed that no personal data have been disclosed, nor have photographs been used that would allow her identification.

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