

# “What’s this white stuff?”

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A 62-year-old female presents with white, irregularly-shaped scars on her ankle which have been present for the past year. She has a history of stasis dermatitis and leg edema and has had a few ulcers on her lower leg and ankle which were treated two years ago. She is overweight, hypertensive and smokes one pack of cigarettes per day. She is currently on losartan and atorvastatin.

### What is your diagnosis?

This patient has *atrophie blanche*. Livedoid vasculopathy/vasculitis is a condition characterized by ulceration of the lower extremities and can evolve into a skin condition termed *atrophie blanche*. It is not a true vasculitis, but rather is felt to be a disturbance in fibrinolysis resulting in occlusive vasculopathy.

*The condition begins with macules and purple papules which often progress into painful ulcers.*

*Atrophie blanche* is a clinical diagnosis. It is a rare chronic condition, more commonly affecting females. It can resolve within a few years or persist over one's entire lifetime, with remissions and aggravations. It is a clinical diagnosis.



Figure 1. Atrophie blanche appearing on patient's foot

The condition begins with macules and purple papules which often progress into painful ulcers. In time, stellate atrophic and white-marble scarred plaques emerge. Typically, the ankles are involved and the lesions may be aggravated in the summertime.

A number of therapeutic options for reducing pain and ulceration exist, including:

- pentoxifylline,
- nifedipine,
- dipyridamole,
- acetylsalicylic acid,
- heparin or low-molecular weight heparin and
- hyperbaric oxygen.

Stasis dermatitis and leg edema should be treated with compression stockings.

**cme**

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