



Shiny, Yellow Plaque

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A 25-year-old woman presents with a shiny, erythematous and yellow plaque with multiple telangiectasias on the left anterior lower leg.

1. What is the most likely diagnosis?

- Necrobiosis lipoidica
- Granuloma annulare
- Sarcoidosis
- Xanthomas
- Stasis dermatitis

2. These lesions are more common in people with which of the following?

- Ischemic heart disease
- Psoriasis
- Diabetes mellitus
- All of the above

3. How would you manage these lesions?

- Follow and reassure
- Intralesional corticosteroids
- Topical corticosteroids
- Surgical excision
- a, b, and c

Necrobiosis lipoidica (NL) is an uncommon skin condition found most often, but not always, in individuals with diabetes mellitus. The exact cause of NL is not known, but collagen degeneration and vascular changes are thought to play a role.

Lesions most often occur on the anterior surfaces of the lower legs and typically present as well-defined, yellow to brown plaques with a red or



violaceous border. Early stage NL lesions may resemble granuloma annulare. Over time lesions may become indurated and develop prominent telangiectasias. The centre of the lesion may be yellow in colour or shiny in appearance and may ulcerate. Most lesions are asymptomatic, though pain and pruritus may be present. Because of the characteristic clinical presentation of NL, biopsy is often not required to make a diagnosis.

Treatment options are limited, but most commonly it may be treated with topical or intralesional corticosteroids to control inflammation.



Answers: 1-a; 2-c; 3-e

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