



Necrobiosis Lipoidica Diabeticorum

Necrobiosis lipoidica is an inflammatory skin disorder of unknown cause, occurring three times more often in females than in males. The disease is frequently associated with diabetes. Although it occurs in less than 1 percent of all diabetics, more than 75 percent of patients with the skin lesions either have or will develop diabetes, have a positive family history of diabetes, or have impaired glucose tolerance (a precursor to Type 2 Diabetes). There is no proven relationship between necrobiosis lipoidica and control of blood sugar levels.

Appearance

Necrobiosis Lipoidica usually occurs on the shin of young or middle-aged adults and consists of oval or irregularly-shaped areas of hardening with tissue wasting in the centre and yellow pigmentation. Around the edges of the marks there is either red-brown or purplish colouring. Tiny blood vessels are sometimes seen and ulceration occurs in one-third of cases. In 15 percent of patients, similar lesions will also occur on other parts of the body.

Treatment

Generally, the aim of treatments is to decrease inflammation and any discomfort which may be associated with the necrobiosis. In 2003, a new treatment became available which is proving much more effective than anything that has been available previously. It is a potent topical steroid called **Clobedizole** which is proving effective for active lesions.

For old, established lesions it doesn't offer the same benefits, but for newer, active lesions it is as effective as intradermal (injections just under the skin) steroids and some people are seeing it remove scarring.

Clobedizole is currently available by special access only – your dermatologist will be able to arrange a prescription for you.

Overall, other treatments currently available for Necrobiosis Lipoidica are not terribly effective and may need to be continued indefinitely.

A moderate strength **steroid cream or ointment** can be applied to the skin several times daily. If there is no improvement after two weeks, consider using a stronger form of steroid cream (betamethasone dipropionate 0.05 percent) twice daily, monitoring closely.

If creams are ineffective, and there are no ulcers on the skin, a more aggressive option is **injection of steroids** (triamcinolone 5 to 10 mg/mL) under the skin. The steroid should be diluted with a local anaesthetic (lidocaine) to reduce discomfort associated with this treatment.

If the necrobiosis also involves some ulceration, there are a number of drugs that have shown to be helpful in some people, such as:

- ★ cyclosporine, an immune suppressant
- ★ granulocyte-macrophage colony stimulating factor: a compound that encourages growth of cells in the immune system
- ★ steroids taken orally or intravenously – thus the steroids go through your whole system rather than just locally at the site of the lesion – potentially has a stronger effect
- ★ high dose nicotinamide
- ★ oxygen treatment in a hyperbaric chamber which is available at a few major hospitals.