

## **DIABETIC SKLEREDEMA - SKIN MARKER OF NEGATIVE PROGNOSIS IN PATIENTS WITH DIABETES MELLITUS**

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Nowadays diabetes mellitus (DM) is a systemic disease with violation of all types of metabolism and involvement in the pathological process of all organs and body systems, including the skin. Certain skin manifestations of DM are considered cutaneous markers of the disease, whereas others are nonspecific conditions that occur more frequently among individuals with diabetes compared with the general population. Patients with DM have the specific skin lesions - diabetic skleredema (DS). DS is the most frequent specific dermatologic manifestation of DM and it occurs from 2.5% (USA) to 14% (Kuwait) of patients.

The first Krakowski et al. (1973) described clinical features of specific diabetic scleredema which has been considered as a dermatome in diabetic patients. In classic form the DS manifested by symmetrical diffuse induration of the skin and underlying tissues from the initial localization in the neck, upper body, upper third of the back. In the following the DS spreads involving skin, proximal upper extremities. By visual examination skin lesions manifested "orange peel" and with the progression of the pathological process often reaches the rocky density. Pain and temperature sensitivity is reduced in the affected areas of the skin. Minor or moderate motor disorders observed in the joints of the upper extremities and neck. Total loss of joint mobility is rarely observed.

Typically DS detected in patients with long-standing (10 years and more) DM who are overweight poor glycemic control. In most cases DS accompanied by DM complications and associated (but not the result of causal relationship) with angiopathy, retinopathy, arterial hypertension, neuropathy, nephropathy, insulin resistance.

Own research of DS based on a survey of 4 patients with DM (two cases with type 1, two cases with type 2). All of the patients were male. The average age of patients was  $53,3 \pm 3,7$  years. In all cases (100%) DS was associated with angiopathy, neuropathy, retinopathy. Also DS was associated with arterial hypertension, nephropathy, overweight and high level of total cholesterol and high level of low-density lipoprotein in four cases out of five (80%).

Thus, changes of the skin as a DS is inherently systemic manifestation of DM and a cutaneous marker of poor prognosis, reflecting unfavorable and complicated course of the main disease (DM).