



Fig. 8. Morphea tuberosa.

Meeting at University Hospital, Uppsala, April 17, 1970

### Morphea Tuberosa-lichen Sclerosus

Presented by Lennart Juhlin

In 1967 this 50-year-old housewife developed a tender swelling in the scapular region which was diagnosed by her local doctor as an infected atheroma. It was treated by forcibly pressing out its grey-white contents. The lesion healed primarily, but after a few months it was replaced by a hard, whitish infiltrate with a diameter of 8–10 cm. Its centre tended to ulcerate and was covered by a fine crust. The patient was then referred to the dermatology clinic.

Upon treatment with 0.2% fluocinolone under occlusion, there was some decrease in its volume. Local application of a gel with dimethylsulfoxide (DMSO) had no definite effect. The lesion does not disturb the patient except for some itching at its periphery.

Histological examination of repeated biopsies showed changes of the type seen in lichen sclerosus et atrophicus rather than sclerodermia. There was also a marked sclerosis of the deeper localized connective tissue. There were no signs of keloid.

#### Discussion

*N. Thyresson:* When I first saw the patient 2 years ago I thought she might have dermatofibrosarcoma protuberans, but the histology was that seen in lichen sclerosus et atrophicus. There had

been a tendency to blistering in the centre. Since blisters can occur in both morphea and lichen sclerosus, this does not help us with the diagnosis.

*L. Juhlin:* The biopsies showed follicular hyperkeratosis and a subepidermal homogenization with some vesiculation as we have seen in lichen sclerosus. In the middle cutis down in the subcutis, there is a pronounced sclerosis with thick irregular collagen fibres giving the impression of morphea. Morphea and lichen sclerosus have been described in the same patient, but it has been doubted by other authors (2). There is no keloid tissue, but macroscopically I would favour a diagnosis of keloid-like scleroderma or morphea tuberosa (1). I should like to hear Dr Lagerholm's view on the histology.

*B. Lagerholm:* The histological slides fit best with a diagnosis of lichen sclerosus.

#### References

1. Korting, G. W.: Über keloidartige Sklerodermie. Arch Derm Syph 198: 306, 1954.
2. Steigleder, G. & Raab, F.: Lichen sclerosus et atrophicus. Arch Derm (Chicago) 84: 219, 1961.

### Erythrokeratoderma Figurata Variabilis

Presented by Sven Öhman

A 17-year-old boy whose family history revealed no skin diseases. His present lesions first devel-