

MIDDERMAL ELASTOLYSIS

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ABSTRACT

Middermal elastolysis (MDE) is an acquired idiopathic non-inflammatory dermatosis, clinically characterized by areas of fine wrinkling of the skin, and histopathologically exhibiting a middermal loss of elastic fibers. We report two cases of idiopathic middermal elastolysis recently observed in our department. After considering the main differential diagnoses, we discuss the etiopathogenetic hypothesis underlying the most appropriate therapies.

KEY WORDS

middermal elastolysis, idiopathic

INTRODUCTION

Middermal elastolysis (MDE) is characterized by well circumscribed areas of fine wrinkling of the skin which histopathologically exhibit middermal loss of elastic fibers. The first reported case was preceded by a recurrent urticarial eruption, which led Shelley and Wood (1977) to postulate that dermal inflammation may have resulted in specific zonal destruction of elastic tissue (1). The histological examination showed a striking absence of elastic tissue in a band-like region, strictly limited to the middle dermis of the involved area. Subsequently, Brenner et al. described a similar idiopathic loss of middermal elastic tissue leading to wrinkling of the skin and perifollicular protrusion in a 33-year-old, otherwise healthy white woman. However, no clinical or histologic evidence of inflammation was found, leading them to propose the term non-inflammatory dermal elastolysis for this entity (2).

More recently, Brod et al. have pointed out an inflammatory pathogenesis of MDE (3), and Kim and Su have

speculated that sun exposure may be one of the main causative factors (4). It has been proposed that the presence or absence of inflammation may mainly depend on the stage of the skin lesions at the time of presentation.

The authors describe two cases of MDE : the first case a 39-year-old woman who presented with wrinkling of the abdominal skin; the other one a 29-year-old woman with numerous yellowish papules on the chest, back and arms.

CASE REPORT

Case 1. A 39-year-old woman with widespread areas of fine skin wrinkling occurring mainly on the arms and abdomen was examined. There was no previous history of skin diseases. Results of laboratory examinations, chest x-ray and ECG were normal.

Thyroid function tests revealed no abnormalities. Antinuclear antibodies were within the normal range. Biopsy

