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ATROPHIA CUTIS IDIOPATHICA

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In this disease there is a progressive thinning of the integument over large areas. It begins upon the limbs, usually at their distal extremities, and advances very slowly, as a rule, for months or years. First the color of the skin becomes cyanotic or dusky red, as if it were moderately inflamed; sometimes there is slight edema. The hairs fall out and the sweat secretion decreases in amount or ceases entirely. The panniculus adiposus then disappears and the reddish discoloration gives way to yellow or mottled brown. The skin becomes dry, smooth, inelastic and exceedingly thin. Where the integument is normally rather loose, as, *e.g.*, over the knees and buttocks, the loss of subcutaneous tissues throws the atrophied skin into numerous crinkly folds that look and feel not unlike crumpled tissue paper or thin parchment. The skin slides easily on the fascia beneath and may be pinched up in ridges that are slow to disappear on account of the loss of elasticity. Often there is a desquamation of fine white silvery scales. Hairs and follicle mouths are absent. The tenuity of the skin renders it trans-

parent and the superficial veins show through with remarkable clearness. Its nutrition is impaired and slight traumas may cause extensive and intractable ulcers. Over bony prominences, as the malleoli, ulcers are apt to form spontaneously. The region involved is sometimes more susceptible to cold and may itch slightly, but otherwise the skin sensibility and sensations are commonly undisturbed. The general health is not affected. The disease occurs most frequently during and after middle life.

DIAGNOSIS: In the atrophic stage of *scleroderma* the skin over large areas may become thin, dry, wrinkled and parchment-like, but the more common location of the condition upon the face and trunk, the association of typically indurated patches, and the history of the development of the disease would serve to differentiate it from idiopathic atrophy. **TREATMENT:** There is no specific treatment. The most that can be done is to keep the skin oiled and protected against injury, and banded, when necessary, for the support of varicose veins.