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BY

LOUIS A. DUHRING, M.D.,

PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

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MORPHŒA WITH MACULÆ ATROPHICÆ.[1]

By Louis A. Duhring, M.D.,
PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

The patient is an Englishwoman, fifty-five years of age, a brunette, spare, but in good general health. There is no apparent cause for the disease. It first manifested itself a year and a half ago, and has been gradually spreading. The regions invaded are the nape of the neck, and the adjoining scalp to a slight extent; the chest just below the left clavicle; the wrists and forearms. Several stages of the process exist, and the lesions are so different as to require separate description. Three distinct kinds are noted:

1st. Whitish patches of skin with manifest structural change in the true skin, of the nature of a peculiar fatty degeneration of this structure, constituting the commonest form of the disease. 2d. Distinctly circumscribed, depressed, and cicatriform whitish spots, varying in size from a small to a large pea, which plainly exhibit wasting and thinning of the true skin, the lesions resembling scars from syphilis, being thin, soft, and pliable. 3d. Patches of mottled, brownish-red, pigmented, structurally altered, atrophic skin, with a broken border or margin of firm, variously sized, irregularly shaped, papular elevations. Over these patches here and there are distinctly marked bluish-purple veins running in various directions. The skin in the central portion is thinned, and the border, as stated, is thickened, but nowhere is the skin bound down to the subcutaneous tissue, the whole patch being freely movable over the tendons and fasciæ. 4th. Enlarged, bluish-purple veins, identical with those on the patches of the wrists, which run up the forearm and are not associated with the other forms of disease described, although they are in the neighborhood of some atrophic macules. Having thus outlined the chief features which characterize the affection as a whole, the individual lesions and their distribution upon the several regions involved may be referred to more definitely.

On the back of the neck at the line of the hair, partly on the scalp and partly on the non-hairy portion of the neck, there exists an irregularly shaped, sharply defined, whitish patch of skin, the normal structure being changed into a whitish, lardaceous, non-indurated, soft, pliable, freely movable patch. The sense of touch with the fingers does not determine any increased thickness or structural change, so that in picking up the skin with closed eyes one would hardly detect disease. This patch is about two inches in diameter and is not surrounded by any border or hyperæmic zone or by injected veins. The hair of the scalp growing from the patch is of natural color, blackish, and not

[1] Read before the College of Physicians, February 3, 1892.

whitish as might be expected. This lesion represents one of the varieties of morphœa, and according to my experience the earliest and mildest phase of the disease.

Near by this patch, on the back of the neck, are several pea-sized, rounded, sharply defined, slightly depressed, shallow, whitish or pearl colored atrophic macules with thin skin which at first glance resemble scars from the large pustular syphiloderm or from burns resulting from the application of a hot iron. They are disseminated upon the neck on either side of the median line, and show no special distribution or arrangement. They are in no way different from the typical maculæ atrophicæ which are met with occasionally upon various regions, and usually without other forms of cutaneous disease.

Upon the flexor surfaces of the wrists are two symmetrical, rounded, atrophic patches, the size of a silver half-dollar, defined in outline, with a raised, indurated, irregular, uneven, papular border, and pigmented, of a mottled, brownish-red hue. The central portions of these patches are somewhat wasted and depressed, the skin being thinned, but soft and supple. Some enlarged and purplish veins run irregularly over the surface. On the flexor surface of one forearm, running up toward the elbow, there exist several pea-sized, whitish, atrophic macules, identical in character with those on the back of the neck. They incline somewhat to take on a linear arrangement rather than to be widely disseminated.

The lesions which have been described constitute the whole disease. The several varieties have no association with one another, but they are plainly due to the same cause. They are not stages of one process, but are distinct forms of cutaneous change, beginning and running their course as such. The patient complains of no pain or serious inconvenience from the disease, and seeks medical advice because of the disfigurement and of the tendency of the process to waste and atrophy.

The case represents an unusual phase of the somewhat rare disease morphœa. Many years ago I pointed out that this affection was characterized not only by the so-called "patch," but moreover in some cases by a variety of lesions, which might occur either singly or in combination. In the third edition of my *Treatise on Skin Diseases* (published some years ago) attention was directed to the observation that atrophic macules sometimes were present with the characteristic lardaceous patch. The occurrence of these two forms of lesion together, however, as in the case before us, I regard as rare, one or the other variety of atrophy alone usually existing.

Morphœa must be classified with the atrophies, and not with the hypertrophies, as it has been by some prominent authors. The process is distinctly atrophic in all its essential features, especially in its course and termination, which are characterized by degeneration of the skin and subcutaneous tissue with usually more or less thinning, shrinking, and wasting or degenerative atrophy. The present case illustrates the close relationship pathologically of maculæ et striæ atrophicæ with the common plaque of morphœa, as this latter was originally described by

Addison and E. Wilson. At that date the affection seemed to have been scarcely known in Germany, and moreover even now it appears to be rarer there than in England or in this country. Many years ago, during a long sojourn in Vienna with daily attendance upon the clinics for skin diseases, I do not recall having observed a case.

Concerning the diagnosis, no difficulty can exist, it seems to me, if we are in the habit of studying cutaneous disease from the standpoint of anatomy and pathology, and more particularly the latter. This classification of skin diseases, upon the basis of general pathology, is not only the most scientific, but what is of more importance, is also the most practical and useful for our daily dealings with these diseases. The affection before us belongs manifestly to the atrophies, the process at work being essentially degenerative and atrophic in its phases. This point established in our minds, there remains merely to find a place for it in this class, and it plainly must be grouped with atrophies of the true skin. Such forms of atrophy are comparatively rare, the true skin not being prone to take on atrophy as a primary process. The several affections of this kind which may be classed together are atrophy of the skin proper (atrophia cutis propria); maculæ et striæ atrophicæ; morphœa; and some forms of scleroderma, the two latter affections sometimes coexisting.

The treatment of these cases is generally unsatisfactory, the prognosis, however, depending a good deal on the variety of the disease present and on the stage of the process. In some cases arsenic internally is useful, but in the patient before us local inunctions with stimulating ointments and oils, with massage, electricity, and frictions will probably prove more beneficial.