



Elephantiasic pretibial myxoedema

Pranav Kumar *consultant in endocrinology and diabetes*, Parijat De *consultant in endocrinology and diabetes*

Birmingham City Hospital, Birmingham, UK

A 26 year old Asian woman with Graves' disease and ophthalmopathy presented with progressive swelling of both feet for three months. On examination, there was gross thickening and folding of the skin on the feet with oedema of the shin (fig 1). The appearance resembled elephantiasis (lymphatic filariasis), which is prevalent in parts of Asia, Africa, and South America. However, a history of autoimmune thyroid disease, an acute presentation within three months, and the classical appearance were consistent with pretibial myxoedema. Pretibial myxoedema affects 0.5-4.3% of patients with Graves' disease¹; elephantiasic form is rare and more difficult to treat. Thyroid hormone receptor antibodies stimulate fibroblasts, resulting in an increase in glycosaminoglycans and hyaluronic acid in the dermis.² Treatment consists of topical or intralesional steroids, occlusive dressing, and comfortable footwear.^{3,4} Resolution is variable, based on severity at presentation, and can take months.



- 1 Schwartz KM, Fatourech V, Ahmed DDF, Pond GR. Dermopathy of Graves' disease (pretibial myxoedema): long-term outcome. *J Clin Endocrinol Metab* 2002;87:438-46. 11836263
- 2 Daumerie C, Ludgate M, Costagliola S, Many MC. Evidence for thyrotropin receptor immunoreactivity in pretibial connective tissue from patients with thyroid-associated dermopathy. *Eur J Endocrinol* 2002;146:35-8. 10.1530/eje.0.1460035.11751064
- 3 Fatourech V, Pajouhi M, Fransway AF. Dermopathy of Graves disease (pretibial myxoedema). Review of 150 cases. *Medicine (Baltimore)* 1994;73:1-7. 10.1097/00005792-199401000-00001.8309359
- 4 Fatourech V. Pretibial myxoedema: pathophysiology and treatment options. *Am J Clin Dermatol* 2005;6:295-309. 10.2165/00128071-200506050-00003.16252929

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