

## Acrodermatitis Chronica Atrophicans (ACA): Diagnostic and treatments

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### Abstract

**Introduction & Objectives:** Acrodermatitis Chronica Atrophicans (ACA) is a skin lesion in the late disseminated stage of Lyme disease. ACA occurs in the form of a classic (characterized by lesions of the extremities with the form of atrophy and thinning of the skin as “parchment paper”), scleroderma-like (represented by skin tightening) forms and fibrous nodes. Unfortunately, localized scleroderma is often taken for the classical and scleroderma-like form, which leads to the absence of path genetically substantiated treatment.

**The aim of the study:** to determine criteria for the differential diagnosis of ACA and localized scleroderma in order to prescribe treatment and determine patient management tactics.

**Materials & Methods:** 280 patients with a diagnosis of localized scleroderma aged 28 to 72 years were under observation. All patients underwent examination to exclude a systematic process, as well as an analysis for the detection of antibodies to *Borrelia burgdorferi* by ELISA and immunochip. Questionnaires have been developed for interviewing patients, taking into account the features of the clinical picture, the presence of a tick bite and a migratory erythema in the anamnesis, concomitant neurological, cardiological, rheumatologic pathologies.

**Results:** Among the 280 examined patients, antibodies to *Borrelia burgdorferi* were detected in 34 patients, of which 8 were diagnosed with ACA. In 26 patients with localized scleroderma, seropositive for antibodies to borrelia, a tick bite was noted in 40% of cases, as well as asthenoneurotic syndrome, damage to the nervous system and joints. In patients with ACA, the process was more active than in patients with limited scleroderma (both seropositive and seronegative groups), high antibody titers in ELISA and immunochip were revealed, and a pronounced neurological pathology was noted. The clinical picture is characterized by extensive lesions located at different stages of development. Histological changes in HAAD are close to scleroderma; however, there is a presence of a band-shaped infiltrate characteristic of HAAD in the upper and middle layers of the dermis. In addition, one should pay attention to the patient’s medical history (frequent visits to the forest, tick bite, development of migratory erythema). The skin process in Lyme disease is often accompanied by the presence of hyperalgesia, itching, paresthesia, a feeling of chilliness or heat in the affected areas. Also, the late stage of Lyme disease is often accompanied by damage to internal organs and systems (heart, eyes, nervous system, musculoskeletal system). If seropositivity for antibodies to *Borrelia burgdorferi* is detected, therapy for borreliosis, treatment and observation together with neurologists, infectious disease specialists and rheumatologists are prescribed.

**Conclusion:** Criteria for the differential diagnosis of patients with focal scleroderma and ACA were developed, which allow one to suspect the presence of borreliosis infection in patients at an early stage.

### Biography

Romashkina Anastasia Sergeevna Candidate of Medical Sciences, aesthetic science doctor, dermatovenerologist, dermatooncologist, chief physician of the medical center “AVROMED She completed his PhD from First Moscow State Medical University named after I M Sechenov Ministry of Health of the Russian Federation (Sechenov University). She is Chief Physician of the Medical Center, Moscow, Russia. She has published more than 30 papers in reputed journals. She is an expert of skin disorders of Lyme disease in Moscow, Russia. She is an expert of injections in Hyalual Institute, Switzerland.



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