Unilateral Pseudo-Ainhum in Liver Cirrhosis

Uwe Wollina1, Michael Tirant2, Aleksandra Vojvodic3, Veronica di Nardo2, Torello Lotti2,4

1Department of Dermatology and Allergology, Städtisches Klinikum Dresden, Academic Teaching Hospital, Dresden, Germany; 2Department of Dermatology, University of Rome “G. Marconi”, Rome, Italy; 3Military Medical Academy of Belgrade, Belgrade, Serbia; 4Hanoi Medical University, Hanoi, Vietnam;

Abstract

BACKGROUND: Pseudo-ainhum is defined as any case of auto-amputation not associated with the classic spontaneous ainhum seen in Africans with unknown etiology.

CASE PRESENTATION: A severely ill 58-year-old male patient presented with a painless constricting circular band on his left second toe. His medical history was remarkable for severe alcoholic liver cirrhosis with ascites formation leading to dyspnea. He had a hypoalbuminemia and a pronounced peripheral sensory neuropathy.

CONCLUSION: Here we present the second case of pseudo-ainhum associated with liver cirrhosis.

Introduction

Liver cirrhosis is considered as an end-stage of different types of liver injury. It is characterised by a chronic inflammatory and fibrotic process [1]. Cirrhosis has been associated to several skin diseases such as soft tissue infections [2], yellow urticaria [3], spider angiomas, paper money skin and xerosis [4], and Muehrcke lines of the nails [5].

In 2001, Wollina et al. described 64-year-old Caucasian woman with breast cancer, systemic scleroderma, and primary biliary cirrhosis due to Reynolds' syndrome, who presented with bilateral pseudo-ainhum [6]. Here, we report a second case of pseudo-ainhum in a patient with liver cirrhosis.

Case Presentation

A severely ill 58-year-old male patient presented with a painless constricting circular band on his left second toe. His medical history was remarkable for severe alcoholic liver cirrhosis with ascites formation leading to dyspnea. He had a hypoalbuminemia and a pronounced peripheral sensory neuropathy. Other comorbidities were hypertension and hyperuricemia.

On examination we observed a constricting band of the second left toe (Figure 1). He had a generalized xerosis cutis with features of paper money skin and purpura, but no jaundice. He had palmar erythema and onychomycosis of toe nails.

We made the clinical diagnosis of pseudo-ainhum stage I. The primary treatment consisted of the management of the underlying liver disease.
and the general medical situation of the patient.

References