Chronic Generalized Lichen Amyloidosis
Amiloidose Liquenoide Generalizada Crónica

Julio Salas Alanis[1], **Pablo Martínez Fernández**[2], **Gerardo Rivera Silva**[2]

Keywords: Amyloidosis; Lichen Planus; Lichenoid Eruptions; Phototherapy; Skin Diseases.

Palavras-chave: Amiloidose; Dermatopatias; Erupções Liquenoides; Fototerapia; Líquen Plano.

A 31-year-old man presented with a 10-year history of progressively worsening pruritic skin lesions. The eruption initially appeared as small hyperpigmented papules on the pretibial areas and gradually progressed to involve most of the back, resulting in an extensive distribution. Pruritus was exacerbated by heat and friction, leading to chronic scratching. Dermatological examination revealed numerous symmetric hyperpigmented hyperkeratotic papules coalescing into rippled plaques across the back (Fig. 1A), with a close-up view demonstrating densely packed keratotic papules and a cobblestone-like appearance (Fig. 1B). Similar lesions were present on both pretibial regions. No mucosal, nail, or scalp involvement was observed, and systemic examination was unremarkable. Routine laboratory test results were unremarkable. Histopathological study of a punch biopsy demonstrated amorphous eosinophilic amyloid deposits in the papillary dermis, confirming the diagnosis of lichen amyloidosis. Given the 10-year duration and extensive involvement of the pretibial regions and back, the case was consistent with chronic generalized lichen amyloidosis. Treatment with high-potency topical corticosteroids, emollients, oral antihistamines, and narrowband UVB phototherapy resulted in marked



Figura 1: [**A**] - General appearance of the lesions. [**B**] - Close-up view of keratotic papules with cobblestone morphology.

[1]Department of Dermatology, Autonomous University of Nuevo Leon. Monterrey, Mexico.
[2]Academic Department and Cardiovascular Tissue Bank, Faculty of Medicine, University of Monterrey, Monterrey, Mexico.
https://doi.org/10.24950/rspmi.2892

improvement in pruritus and partial regression of the lesions at 6- and 12-week follow-up.[1] ■

Contributorship Statement

All authors contributed to the conception and design of the manuscript, data collection, data analysis and interpretation, and the drafting, revision, and approval of the manuscript.

Declaração de Contribuição

Todos os autores contribuíram para a conceção e desenho do manuscrito, a recolha, análise e interpretação dos dados, bem como para a redação, revisão e aprovação do manuscrito.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.
Financing Support: This work has not received any contribution, grant or scholarship
Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of patient data.
Patient Consent: Consent for publication was obtained.
Provenance and Peer Review: Not commissioned; externally peer-reviewed.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.
Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.
Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.
Consentimento: Consentimento do doente para publicação obtido.
Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

© 2026 Sociedade Portuguesa de Medicina Interna. This is an open-access article under the CC BY-NC 4.0. Re-use permitted under CC BY-NC 4.0. No commercial re-use.
© 2026 Sociedade Portuguesa de Medicina Interna. Este é um artigo de acesso aberto sob a licença CC BY-NC 4.0. Reutilização permitida de acordo com CC BY-NC 4.0. Nenhuma reutilização comercial.

Corresponding author / Autor correspondente:
Gerardo Rivera Silva – gerardo.rivera@udem.edu
+52 (81) 8215-1446
Av. I. Morones Prieto #4500 Pte, San Pedro Garza Garcia, NL, 66238, MEX.

Recebido / Received: 14/07/2026
Aceite / Accepted: 16/09/2026
Publicado / Published: ahead of print: 25/11/2026

REFERENCES

1. Fakhraie S, Daftary K, Venkatesh S, Chovatiya R. Lichen amyloidosis: towards pathogenesis-driven targeted treatment. Clin Exp Dermatol. 2023;48:261-2. doi: 10.1093/ced/llac102.