



## Images in Clinical Medicine



A



B



C

*Porphyria Cutanea Tarda*

A 46-year-old fisherman and Vietnam veteran presented with a recurrent rash on his arms and legs and a painful, swollen area on his left leg of several days' duration. The rash had been a problem for about two years and was treated with several courses of antibiotics for cellulitis. The patient reported that for the past two years his skin had been prone to blister and tear with minor trauma and that at times his urine appeared to contain blood. On examination, he had a slight fever and an area of cellulitis on his left leg. His face was erythematous. On his hands (Panel A), arms, and legs were vesicles and small bullae, some crusted lesions, and hypopigmented and hyperpigmented macules. His urine (right-hand sample in Panel B) was darker than a control sample but contained no blood. Examination of his urine and a control sample of urine under Wood's light, after acidification with hydrochloric acid, revealed marked fluorescence, consistent with the presence of porphyrins (right-hand sample in Panel C). Studies for urinary porphyrins confirmed the diagnosis of porphyria cutanea tarda. The patient was treated with phlebotomy, and his condition markedly improved. Porphyria cutanea tarda, the most common form of porphyria, is characterized by photosensitivity and causes scarring, bullae, and hypopigmentation. This is one of several diseases linked epidemiologically to exposure to Agent Orange and related chemicals.

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