

Bullous lesions in diabetes mellitus: bullous diabeticorum (diabetic bulla)

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DESCRIPTION

A 55-year-old woman was referred to dermatology services for evaluation of recurrent, asymptomatic, tense bullous lesions on her legs bilaterally. There was no history of any trauma or insect bites. There were no systemic complaints. The lesions used to heal spontaneously. The patient was a known case of type 2 diabetes mellitus for the last 8 years and was on oral hypoglycaemic medications (tab. metformin 1 g twice daily) and was well controlled. The complete blood counts, liver and kidney function tests, urine examination and fasting blood glucose (99 mg/dL) were within normal limits. On physical examination, a circular, fluid-filled, flaccid blister was present on non-erythematous skin of the left shin ([figure 1](#)). Few scars were present on the shin due to similar earlier lesions. There was no evidence of diabetic neuropathy. Based on the history and examination, a clinical diagnosis of bullous diabeticorum (diabetic bulla) was made. The patient was counselled, and no active intervention



Figure 1 Circular, flaccid, fluid-filled blisters on the left shin.

Learning points

- ▶ Bullous diabeticorum is a rare, spontaneous, non-inflammatory, asymptomatic, blistering condition usually found in long-standing diabetic patients. A high index of awareness and suspicion is required to diagnose these cases.
- ▶ The management is conservative, and the main aims are to reduce discomfort and minimise the risk of secondary infection. The patient should be properly counselled.

was performed.^{1,2} The lesions healed in due course without any complications. The patient is in regular follow-up at the diabetes clinic.

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- 2 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th edn. Arlington, VA: American Psychiatric Association, 2013.



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