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## SHORT CASES IN CARDIOLOGY

# Haemorrhagic bullae in a patient with lichen sclerosus et atrophicus treated with streptokinase

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A 62 year old woman with no previous history of cardiac disease was admitted with a 2 h 30 min history of chest pain. The electrocardiograph showed ST changes in the inferolateral leads in keeping with a diagnosis of acute myocardial infarction. She had no recognised contra-indications to thrombolytic therapy.

She was treated with soluble aspirin (150 mg) and streptokinase (1.5 million units) followed by heparin infusion (1000 units per hour).

On the day after admission the patient complained of pain and swelling on the flexor surfaces of both wrists and in the periumbilical region. On examination there were atrophic plaques on the wrists, umbilical region, and vulva. Haemorrhage had occurred into these plaques with the formation of haemorrhagic bullae (figure). This significantly limited movement at the wrists. On questioning the patient gave a long history of white patches affecting the flexor surfaces of the wrists, the vulva, and periumbilical region. A diagnosis of lichen sclerosus et atrophicus had been made and the patient had previously noted minor bullae related to trauma. The heparin was stopped and the patient was treated with simple analgesia.

Lichen sclerosus is an uncommon disease of unknown aetiology presenting as small porcelain-like shiny round macules which usually aggregate into atrophic plaques. Occasionally bullae, telangiectasia, and purpura may spontaneously occur in the plaques. Treatment with streptokinase in this case caused the sudden formation of painful haemorrhagic bullae in the pre-existing lichen sclerosus.



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