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Editorial

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Skin Lesion in Acute Alcoholic Hepatitis

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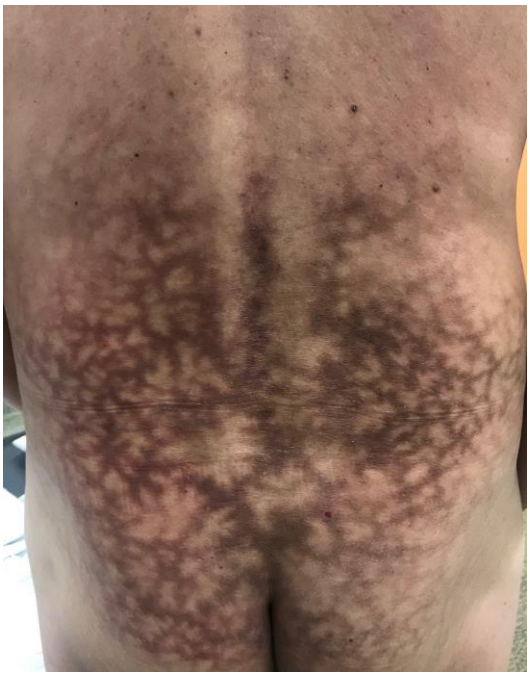
Clinical Image

A 36-year-old man presented with a three-day history of skin lesions on the back and gluteal region. Laboratory findings revealed marked toxic hepatopathy without evidence of infection. The patient reported increased alcohol consumption (3–5 L of beer daily) following job loss during the COVID-19 pandemic. He denied pain. Ultrasonography showed hepatomegaly without signs of cirrhosis. The combination of clinical history, laboratory abnormalities, and increased stomatocytes on the peripheral blood smear strongly suggested livedo racemosa secondary to acute alcoholic hepatitis. Livedo racemosa should be distinguished from livedo reticularis, which typically resolves with warming. While livedo racemosa is most commonly associated with paraneoplastic or rheumatologic disorders, impaired cutaneous blood flow due to acute alcoholic hepatitis is a rare cause. Recognition of this uncommon presentation may facilitate prompt diagnosis of the underlying liver disease.



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