

Dorsal Hand Involvement in Porphyria Cutanea Tarda

Atingimento do Dorso das Mãos na Porfíria Cutânea Tarda

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Figure 1 – Macular erythema, erosions, crusting, and hyper-/hypopigmented scarring present on the dorsum of the hands

A 60-year-old male patient with a history of alcohol use disorder and smoking presented with skin fragility, hyper-/hypopigmented scars, macular erythema, and excoriated, ulcerated lesions on photo-exposed areas, particularly the backs of the hands (Fig. 1). Diagnostic work-up revealed elevated liver enzymes, ferritin level of 1600 ng/mL (reference range: 24 - 336 ng/mL) and increased levels of urinary uroporphyrin (871 µg/24h, reference range: < 60 µg/24h), supporting the diagnosis of porphyria cutanea tarda (PCT). Hepatitis C virus (HCV) serology and HFE mutation testing were negative. As the patient refused phlebotomy, treatment with hydroxychloroquine (200 mg twice weekly) and photoprotection was initiated, alongside alcohol cessation, leading to cutaneous improvement over the subsequent four months (Fig. 2). Porphyria cutanea tarda results from decreased uroporphyrinogen decarboxylase (UROD) activity, which can be acquired in the context of iron overload and susceptibility factors such as alcohol, smoking, HCV/human immunodeficiency viruses (HIV) infection, hemochromato-



Figure 2 – Improvement of cutaneous lesions at 16-week follow-up

sis, and UROD mutation.¹⁻³ It presents with photosensitivity, skin fragility and blistering in sun-exposed areas.¹⁻³ Management includes eliminating predisposing factors, phlebotomy or low-dose hydroxychloroquine.⁴

AUTHOR CONTRIBUTIONS

GPR, MBC: Study design, data interpretation, writing of the manuscript.

AM: Study design, data interpretation, critical review of the manuscript.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

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DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

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COMPETING INTERESTS

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