

URNS CATASTROPHIC: METASTATIC PARATHYROID CARCINOMA PRESENTING AS HYPERCALCEMIC KYRLE'S DISEASE AS A CUTANEOUS MARKER OF POOR GLYCEMIC CONTROL IN TYPE 2 DIABETES MELLITUS: A CASE REPORT

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Kyrle's disease is a rare acquired perforating dermatosis most commonly associated with diabetes mellitus and chronic renal failure. Its occurrence in patients with poorly controlled diabetes in the absence of renal dysfunction is uncommon. We report a case of a 35-year-old woman with an 11-year history of type 2 diabetes mellitus, initially diagnosed during her second pregnancy, who presented with generalized pruritic hyperpigmented papular lesions for nine months. Cutaneous examination revealed multiple discrete hyperpigmented, hyperkeratotic papules with central keratotic plugs distributed over the neck, trunk, upper and lower limbs, and gluteal region, with a few lesions demonstrating Koebner phenomenon. Laboratory evaluation showed markedly uncontrolled glycemia (HbA1c 11.6%, fasting plasma glucose 23.7 mmol/L, postprandial glucose 21.3 mmol/L), dyslipidemia, and normal renal and hepatic function. Histopathological examination confirmed Kyrle's disease. The patient was treated with topical keratolytics, antihistamines, emollients, and multiple daily insulin injections. Significant clinical improvement with gradual resolution of lesions was observed following optimization of glycemic control.

This case highlights that Kyrle's disease can occur as a cutaneous manifestation of uncontrolled type 2 diabetes mellitus even in the absence of renal impairment. Early recognition of such dermatological signs should prompt systemic evaluation and reinforce the importance of strict glycemic control.

Keywords: Kyrle's disease; acquired perforating dermatosis; type 2 diabetes mellitus; poor glycemic control; cutaneous manifestation; pruritic hyperkeratotic papules

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