CASE REPORT

ASSOCIATION OF PSORIASIS AND LUPUS ERYTHEMATOSUS

By

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The association of psoriasis and lupus erythematosus is a rare event. Schaumann (1928) described three patients, in all of whom psoriasis had been present for many years before lupus erythematosus changes became apparent. Christ (1935) reported one case with such association. Bechet (1936) reported a case having psoriasis and lupus erythematosus of the face resembling psoriasis. Kalz and Fekete (1959) reported a case who developed simultaneously subacute lupus erythematosus and psoriasis. Coricciati and Friggeri (1960) reported another case showing the associatien of the two diseases. In this communication we document another case who had been having psoriasis for many years and later developed lupus erythematosus.

CASE REPORT

History. G, 40 years male, admitted on 9th December 1966 had been having skin lesions on scalp, back and extensor surface of limbs for thc past ten years. The lesions used to appear in winter months and disappear in summer weather. The lesions were scaly with mild itching. Two years prior to the admission patient had fever and skin lesions all over the body. For these complaints patient was admitted in General Hospital, Pondicherry on 22.6 1965 and was treated with salicylic acid ointment, aspirin and anti-histamines and fever subsided. Then the patient was started on chloroquin and 5 days later he developed generalized dermatitis with fever. Chloroquin was stopped and the flare up was controlled with corticosteroids. Skin lesions improved and he was discharged. A month later, he was readmitted in General Hospital, Pondicherry with skin lesions and fever. This episode also cccurred after administration of chloroquin in the outpatient depaitment. Patient was treated with achromycin and betamethasone. Skin lesions disappeared completely except those on face. For the past 4 months patient was again having skin lesions on face, lips, legs, elbows and back of trunk.

Physical Examination. Face showed scaly patches with erythematous centre and hyperpigmented periphery on both cheeks (Fig. 1); the scales were thick and difficult to remove. Forehead, external ears and upper part of chest also showed similar erythemato-squamous lesions. Lips showed crusted ulcerated lesions (Fig. 1). Extensor surfaces of lower limbs (Fig. 2), back of elbows and back of trunk showed erythemato-squamous patches with well defined borders; these patches showed positive Auspitz's sign. Scalp showed diffuse scaling and

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erythema. Examination of eyes revealed iridodonesis and subluxated lens showing evidence of congenital cataract on one side. Liver was palpable about 2 cm. below the right costal margin. Pulse was 76/- minute and collapsing in nature. Blood pressure was 120/70 mm. Hg. There were no signs of congestive cardiac failure. Examination of heart revealed the apex beat to be in the left fifth intercostal space inside the mid-clavicular line and an aortic diastolic murmur.

Investigations. Urine and stools showed no abnormality. Haemoglobin was 10.9 g%. Total leucocyte count was 9800/- c. m m. with differential count of neutrophils 42, eosinophils 24, lymphocytes 33 and monocyte 1. Erythrocyte sedimentation rate was 3 mm first hour Westergreens. Blood V. D. R L. test was 1:8 positive. Total serum proteins were 4.4 g% with 2.8 g% albumin and 1.6 g% globulins. Serum protein electrophoresis showed low (—) albumin and high (+) $alpha_2$ globulin while other fractions were normal. L. E cell test was negative repeatedly. X-ray chest showed a prominent ascending aorta with normal lung fields and heart size. Electrocardiogram showed gross left ventricular hypertrophy. Skin biopsy from a lesion in front of left thigh showed histological features consistent with psoriasis (Fig. 3). Another biopsy from skin of external ear showed histologial features consistent with discoid lupus erythematosus (Fig. 4).

Treatment. Patient was given a course of bisoxyl (2 grams) by injection and a course of PAM 600.000 units daily for 10 days. In addition local applications of betamethazone ointment were given for face lesion and coal tar ointment for other lesions. With this treatment skin lesions improved and the patient was discharged on 4-2-1967 to attend out-patient department.

DISCUSSION

Skin lesions of lupus erythematosus are aggravated by exposure to sunlight in a significant percentage of cases while sunlight has got beneficial effect on skin lesions of psoriasis in a majority of cases. As such paucity of reports of association of the two diseases is easily explainable.

Our patient had been having skin lesions suggestive of psoriasis for the past ten years. Two years back he developed lesions suggestive of discoid lupus erythematosus. Skin biopsies from sites of lesions of the two diseases confirmed the diagnosis. Further the patient showed episodes of skin lesions and fever on administration of chloroquin.

In addition the patient showed evidence of aortic incompetence and congenital cataract with subluxation on one side. Aortic incompetence may be congenital or acquired; syphilis may be responsible for the same if acquired in nature.

SUMMARY

The association of psoriasis and lupus erythematosus is a rare event. The case of a 40-year-old male, who had psoriasis for ten years and developed lesions of discoid lupus erythematosus two years back, is described. Diagnosis of each disease was confirmed by histological examinations. The patient showed episodes

of allergic reaction on administration of chloroquin. In addition the patient had congenital cataract with subluxation on one side and showed evidence of aortic incompetence.

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REFERENCES

1. Bechet, P. E.: Psoriasis and lupus Erythematosus of the Face resembling Psoriasis, Arch. Dermat. & Syph., 34: 516, 1936.
2. Christ, P.: Erythematodes acutus and Psoriasis, Zentralb Hant-u, Geschlechtskr, 50: 274, 1935.
3. Coricciati, L. and Friggeri, L.: The Association of Lupus Erythematosus and Psoriasis, Dermatologia (Napoli) 11: 28, 1960. (Abstracted in Exc. Med. Derm. Vener., Vol. 15, pp. 61).
4. Kalz, F. and Fekete, Z.: Simultaneous Evolution of a subacute lupus Erythematosus and of Psoriasis, Arch. Derm., 80: 584, 1959.
5. Schaumann, J.: Psoriasis et lupus erythemateux associes, Bull. Franc. Dermat. et Syph., 35: 278, 1928.