ALOPECIA AREATA AND DISCOID LUPUS ERYTHEMATOSUS IN A PATIENT WITH VITILIGO

K Pavithran

A 52-year-old male who had been having vitiligo for 20 years, developed alopecia universalis since 4 years and disseminated discoid lupus erythematosus since 2 years. The coexistence of these three diseases in the same patient lends credence to the contention that autoimmunity may play a role in the pathogenesis of these diseases.

Key words : Vitiligo, Lupus erythematosus, Alopecia areata, Co-existence.

Alopecia areata, discoid lupus erythematosus and vitiligo are diseases in which immunological alterations are thought to play a role in the actiopathogenesis. Coexistence of lupus erythematosus and vitiligo has been reported in a few cases.[1-3] Alopecia areata and vitiligo also appear to be linked.[4-7] Sometimes, rapid progression of alopecia areata to alopecia totalis is associated with development of total vitiligo.[8,9] But alopecia areata, discoid lupus erythematosus and vitiligo in the same patient is quite unusual. We are reporting a case of vitiligo of 20 years duration in a male who subsequently developed disseminated discoid lupus erythematosus and alopecia universalis.

Case Report

A 52-year-old male developed multiple depigmented non-atrophic patches on the forearms, legs, palms and genitalia since 20 years, generalised alopecia since 4 years and multiple erythematous plaques with atrophy, depigmentation and telangiectasia on the face, upper arms and front of chest since 2 years. Ten years back he had received oral psoralen therapy for three months for vitiligo. Alopecia started on the scalp in circumscribed patches which gradually extended, resulting in total loss of the terminal hairs of his scalp, eyebrows, beard, axillae and pubic region. The scaly plaques on uncovered areas of the body which developed since 2 years, got exacerbated on exposure to sunlight and showed adherent scales with carpet-tack sign, erythema, telangiectasia and a hyperpigmented border. On healing, these left depigmented atrophic patches in some areas and hyperpigmented patches on other areas. A detailed general physical and systemic examination did not reveal any abnormality.

Routine investigations on blood, urine and stools were normal. Blood VDRL test and LE cell test were negative. Blood sugar, urea, liver function tests and serum protein values were within normal limits. Histopathological study of a plaque from the face showed features typical of DLE. Sections taken from the depigmented patches of the legs and forearms showed no abnormality except for an increased number of clear cells in the basal cell layer and suprabasal portion of the epidermis. There was no atrophy of the epidermis.

Comment

The coexistence of alopecia areata, vitiligo and disseminated discoid lupus erythematosus in the present case lends credence to the contention that autoimmunity may play a role in the pathogenesis of each of these diseases. Muller and Winklemann[7] reported 4% incidence of vitiligo among 736 patients with alopecia areata. The incidence of alopecia areata among vitiligo patients has been reported to be 16%.[8] Kern[9] reported an increase in antithyroid, antiparietal cell and antiadrenal cell antibodies in 44 patients with alopecia areata. In a retrospective study, Korkij et al[10] could detect one or more tissue-specific autoantibodies in 39% of serum samples

From the Department of Dermatology and Venereology, Medical College Hospital, Kottayam-686 008, India.

of patients with alopecia areata and vitiligo. Choudhury and Banerjee reported a case in which DLE developed in a patch of vitiligo.[1] Increased incidence of vitiligo has also been noted in other collagen diseases like scleroderma.[5] Alopecia areata and DLE in our case developed many years after the early bout of vitiligo. Awareness of the possibility of a second disorder in a patient with vitiligo, DLE or alopecia areata will facilitate its recognition. Though psoralen has been recommended in the treatment of vitiligo and alopecia areata,[11] in the present case it is contraindicated due to the presence of DLE.

References

1. Choudhury DSR and Banerjee AK : Development of discoid lupus erythematosus in vitiligo, Bull Calcutta Sch Trop Med, 1968; 16 : 111-112.
2. Callen JP: Discoid lupus erythematosus in a patient with vitiligo and autoimmune thyroiditis, Intern J Dermatol, 1984; 23 : 203-204.
3. Forenstier JY, Ortonne JP, Thivolet J et al : Lupus erythematosus et vitiligo, Ann Dermatol Venereol, 1981; 108 : 33.
4. Tan RS-H : Ulcerative colitis, myasthenia gravis, atypical lichen planus, alopecia areata and vitiligo, Proc Roy Soc Med, 1974; 67 : 195-196.
5. Thompson DM : Alopecia areata, vitiligo, scleroderma and ulcerative colitis, Proc Roy Soc Med, 1974; 67 : 1010-1012.
6. Lerner AB : Three unusual pigmentary syndromes, Arch Dermatol, 1961; 83 : 97-105.
7. Muller SA and Winkelmann RK : Alopecia areata : An evaluation of 736 patients, Arch Dermatol, 1963; 88 : 290-297.
8. Demis DJ and Weiner MA : Alopecia universalis, onychodystrophy and total vitiligo, Arch Dermatol, 1963; 88 : 195-201.
9. Kern F, Hoffman WH, Hambrick GW et al : Alopecia areata : Immunologic studies and treatment with prednisolone, Arch Dermatol, 1973; 107 : 407-412.
10. Korkij W, Soltani K, Simjee S et al : Tissue specific autoantibodies and autoimmune disorders in vitiligo and alopecia areata : A retrospective study, J Cutan Pathol, 1984; 11 : 522-530.
11. Claudy AL and Gagnaire D : Photochemotherapy for alopecia areata, Acta Dermato-Venereol, 198 ; 60 : 171-172.