DISCOID LUPUS ERYTHEMATOSUS RESEMBLING LUPUS VULGARIS
(A Case Report)*

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Summary

A case of discoid lupus erythematosus (DLE) in a 20 year old female patient is presented. The case clinically resembled lupus vulgaris causing bilateral ectropion and exposure keratitis in both eyes.

KEY WORDS: Discoid lupus erythematosus, Lupus vulgaris

Introduction

Discoid lupus erythematosus is a connective tissue disorder. The characteristic cutaneous features are erythematous discoid patches with adherent scaling, telangiectasia, follicular plugging and atrophy in late stages of the disease. In many instances the discoid cutaneous patches are limited to face where the malar areas and nose are affected predominantly. Though atrophy is a feature of DLE occurrence of ectropion is rare unlike in lupus vulgaris of face where ectropion is common. In this paper a case of DLE with bilateral ectropion of lower eyelids and band keratopathy due to exposure of cornea is being reported.

Case Report

A girl of 20 years was admitted to the Skin Ward of SCB Medical College Hospital, Cuttack on 6th July 1981 with bilaterally symmetrical erythematous ulcerative lesions on the malar area of face for $1\frac{1}{2}$ years with deformity of nose and eyes (Fig. 1) and impaired vision.

The ulceration had started after a nose prick (to use ornament over nose). Initial lesion had appeared as nodule on the right ala nasae which gradually spread forming smaller nodules, at its side. Lesions subsequently ulcerated. spreading to both cheeks and nose. A small ulcer developed also on lower lip after 2 months. 4 months later, patient noticed dimness of vision. She also gave history of marked prostration and redness of eyes, when working in field in sunlight, suggesting photo sensitivity. There was no other significant history. Family history was noncontributory.

* Paper presented at the Annual Conference of Indian Association of Dermatologists, Venereologists & Leprologists at Hyderabad on Jan, 1982.

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Received for Publication on 1—11—82

Fig. 1 Showing lesion on the face

Systemic examination revealed no abnormality. Local examination showed erythema and ulceration over the butterfly area of face with adherent scales at the margins. There were no follicular plugging or telangiectasia. There was marked scarring over healed areas, at periphery of the ulceration, causing disfigurement of face, scarring of the nose, ectropion of both lower eyelids and loss of eye lashes. Both eyes showed band keratopathy with superficial vascularisation of the lower sectors. Vision was impaired in both eyes with finger counting at $1\frac{1}{2}$ meters in the right eye and $2\frac{1}{2}$ meters in the left.

Investigations

Routine investigations were negative excepting for a raised E.S.R. of 80 mm in 1st hr. (Westergren). VDRL was reported reactive. LE cells were negative. X-Ray of facial bone showed no abnormality.

Histopathological examination showed hyperkeratosis. Slight atrophy of the epidermis and patchy areas of liquefaction degeneration of basal cells with focal areas of lymphocytic infiltration in the upper dermis. Hair follicles and sebaceous glands were absent. Degeneration of collagen and vascular telangiectasia were not seen. Pigment filled macrophages were seen in upper dermis. Histopathological features were suggestive of discoid lupus erythematosus.

Treatment

Patient was given streptopenicillin for 10 days till biopsy report came. Pus from the ulcers disappeared but the redness and scaling remained the same. After biopsy report came patient was given chloroquin 250 mg twice daily. She showed marked improvement within one month of chloroquine therapy (Fig. 2).

Fig. 2 After treatment with chloroquin

Discussion

Discoid lupus erythematosus is not an uncommon disease. This case is interesting because of the marked deformity of face which simulated scarring usually caused by lupus vulgaris. The scarring in this case which had occurred within a relative short period of $1\frac{1}{2}$ years is another unusual feature of this case.