AN UNUSUAL PRESENTATION OF CHRONIC DISCOID LUPUS ERYTHEMATOSUS

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Summary

A female patient, 35 years of age with unusual manifestation of discoid lupus erythematosus is presented. The reported case is atypical in that the lesions are markedly raised papules covered with thick, adherent blackish-brown irregular, limpet like (rupioid) crusts and scales. The pathogenesis of lesion is explained.

Chronic discoid lupus erythematosus (CDLE) is a cutaneous disorder characterised by erythematous lesions of various sizes, with adherent scales, follicular plugging, telangiectasia and atrophic scars. The lesions usually occur on exposed areas like face, scalp, ears, lips and less frequently over the covered portions like trunk, arms and legs. Apart from its usual form, this disorder may manifest as warty, annular, profundus, telangiectatic, bullous, ulcerated, hyperkeratotic or erythema multiforme-like forms[1]. We are describing here an unusual presentation of CDLE where the lesions appeared as itchy, hypertrophic, raised, papules over the butterfly area of the face, covered with thick irregular dirty blackish-brown, limpet like scales and crusts (rupioid) with oozing serous discharge.

Case Report

A female patient 35 years old was admitted on 3—3—71 in Skin & V.D. Unit of S.S. Hospital with the complaints of itchy erythematous eruption over the face for two years. There was no history of drug intake. No other member in the family was having similar complaint. History of aggravation of lesions while working in sunlight was present.

On examination the patient was found to have raised, erythematous, extremely hypertrophic, papulosquamous lesions covered with dirty, thick, blackish-brown rupioid scales and crusts with serous discharge (Fig. 1 page No. 191). These were present over the butterfly area of the face. Some of the lesions revealed patulous follicles with follicular plugging and telangiectasia. Mucous membranes, nails and scalp were normal. Examination of other systems did not reveal any significant abnormality.

Investigations

TLC, DLC were normal, ESR–42 mm after 1 hour, L.E. Cell negative. X-ray chest normal.

Histology

The section from one of the hypertrophic lesions revealed marked hyperkeratosis, follicular plugging, basal cell liquefaction and perifollicular lymphocytic infiltration (Fig. 2 page No. 191).

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The case was diagnosed as CDLE. She was treated with Chloroquin 250mg t i d for 7 days followed by 250ms b.d. for further 7 days. Ledercort Ointment as topical application and Condy's compresses. She was advised to protect her lesion from sunlight.

The scales and crusts got gradually dislodged. After three months the lesions resolved completely leaving behind depressed, atrophic scars (Fig. 3 page No. 192). No recurrence was noted even after 4 years.

Discussion

Chronic discoid lupus erythematosus is an autoimmune (collagen) disorder, more common in females. Exposure to sun light aggravates the lesions[1]. This feature is also seen in our patient. The lesions usually manifest as circumscribed, erythematous, scaly patches over exposed areas with follicular plugging and telangiectasia, spreading at the border and healing at the centre with atrophic scars. The case reported here is atypical in that the lesions were markedly hypertrophic, blackish brown in colour and covered with dirty, thick limpet like crusts and scales. The lack of proper cleansing of the lesions might have to some extent contributed to the accumulation of scales and crusts. This assumption is further confirmed during the close follow-up of the patient. After the patient started proper cleaning of the lesions we observed that the markedly thick crusts and scales gradually fell off leaving behind the typical lesions of discoid lupus erythematosus.

It is reported that the lesions of discoid lupus erythematosus are extremely persistent and highly refractile to treatment[2]. It is interesting to note that in our patient the lesions healed completely in three months and remained so during a 4 year follow up period.

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