

Generalized Pigmented Lupus Erythematosus - A New Clinical Subset?

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Abstract

Systemic Lupus Erythematosus (SLE) is an autoimmune multisystem disease that predominantly affects the skin with diverse presentation and complications. We are reporting this case because of the distinctive presentation of a common disease. In our knowledge this is the first case report of such presentation of lupus erythematosus from world.

Keywords: Lichen planus pigmentosus; Pigmented lesions

Case presentation

A 52 year old female, presented with asymptomatic pigmented lesions all over the body which developed over a period of 5 months. She was referred from her family physician to the endocrinology clinic with the probable diagnosis of Addisonian pigmentation, which was ruled out by endocrine workup. Later on she was sent to our dermatology clinic. There was no history of skin fragility, blisters and erythematous lesions preceding these lesions. There was no history of treatment with antimalarials or other drugs implicated in causing pigmented skin lesions. Initially lesions started over the face and then progressed to involve the upper limbs, trunk and lower limbs. There were no similar pigmented lesions in the mucosa (Figure 1).

The diagnosis of systemic lupus erythematosus was made based on the presence of photosensitivity, painless oral ulcers, unexplained fatigue, anaemia, arthralgia, leukopenia, low platelets and the presence of antinuclear and deoxyribonucleic antibodies [1,2]. Histopathology showed epidermal interface activity including degeneration of the basal layer, apoptotic keratinocytes and a irregular thickening of the basement membrane and pigmentary incontinence. On examination she had generalized thin hyperpigmented plaques with darker thread like irregular border coalescing to form large plaques with islands of normal skin between them giving a tattooed appearance all over the body (Figure 2). The patient was treated with hydroxychloroquine, sunscreen, emollients and topical calcineurin inhibitors with good response. In view of here progressively increasing fatigue she was referred to rheumatology center for the initiation of oral corticosteroids and for further systemic evaluation.



Figure 1: Pigmented lesions on different places.

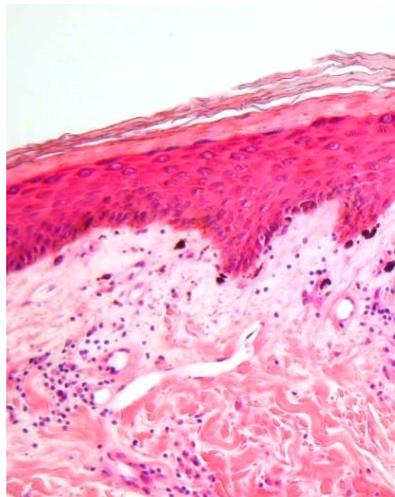


Figure 2: PIGMENTED LE.

Discussion

This case highlights the importance of clinical history and meticulously directed investigations to diagnose the underlying disease. This is the first case report of tattooed like generalized pigmented lupus erythematosus. At the time of presentation two other differential diagnosis were also considered including porokeratosis and lichen planus pigmentosus. Therefore we suggest reporting of other cases with this presentation to enhance our knowledge about the existence of such clinical subset.

References

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