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Case Report

Lupus Panniculitis of the Face: A Retrospective Diagnosis

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Abstract

Panniculitis is defined as inflammation of the subcutaneous tissue. Two well-known variants may be difficult to distinguish clinically and histologically. Our case is a 32-year-old woman with subcutaneous indurated lesions in the face. on physical examination, there were several nodules on the face. Biopsy and biological evaluation confirmed the diagnosis of lupus panniculitis treated with hydroxychloroquine with good improvement.

Keywords: Lupus Panniculitis; Systemic Lupus Erythematosus; Lipoatrophic Scar

Introduction

Lupus panniculitis (LP) is a rare variant of chronic cutaneous lupus erythematosus, which diagnosis requires clinicopathological correlation, especially in those patients without any other manifestation of lupus erythematosus (LE) [1]. According to the phase when the biopsy is performed, histological findings can be non-specific. We describe a case of LP on the face.

Case Report

A 32-year-old woman with miscarriage 20 years ago, admitted for management of pain in the face for 2 months. The clinical examination objectified a patient in good general condition. dermatological examination found erythro-edema of the cheeks, chin, eyes, and arms (figure 1a). the rest of the somatic examination was unremarkable. A biological assessment made the determination of Antinuclear antibodies (ANA) positive with the above titre of 1: 160 and centromeric motif. The anti-DNA antibody, and anti-Sm antibody tests were negative. Histological examination of a biopsy specimen revealed infiltration of mononuclear cells in the lower fibrotic dermis and subcutaneous fat tissues. Lymph histiocytic cells infiltrated into the lower dermis and subcutaneous tissues, forming lymphoid clusters. the diagnosis of acute lupus erythematosus was retained and treatment with 400 mg of hydroxychloroquine with topical tacrolimus was started after normal ophthalmological examination. after 6 months of treatment, the patient presented atrophic scars retracted from the skin and subcutaneous pricking at the level of the face (figure 1b). In terms of these give and look depressing scars, the final diagnosis was lupus panniculitis.

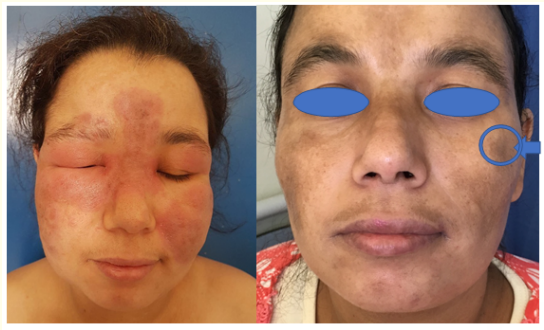

Figure 1: (a) Erythro-edema of the face; (b): Lipoatrophic and pigmented scar of.

Discussion

Lupus panniculitis, also called lupus profundus, is a rare variant of lupus erythematosus was first described by Kaposi in 18831 and termed lupus erythematosus profundus by Irgang in 1940. It may occur as a separate disease or coexist with systemic or discoid lupus erythematosus. is rarely found in only 1–3% of patients with lupus erythematosus (LE). It mainly affects middle-aged women [1,2]. Its clinical course is usually chronic and is characterized by the presence of plaques and/or recurrent painful subcutaneous. and sometimes ulcerations, at the most frequent areas of upper arms, shoulders, face, and buttocks. Healing of lesions is associated with scarring, lipoatrophy and rarely ulceration. The diagnosis of PL requires an adequate clinical and pathological correlation. The course of the disease is relapsing, and new lesions may reoccur in the previously affected areas or appear in new regions. The treatment of lupus profundo's is at times difficult. There are no specific indications and medication schemes in lupus panniculitis treatment. Treatment of lupus panniculitis depends on disease advancement or concomitance of additional lupus erythematosus symptoms. Antimalarial drugs are believed to bring improvement in mild cases of separate lupus panniculitis. Chloroquine in dose 250–500 mg a day and hydroxychloroquine (not registered in Poland) in dose 200–400 mg a day is usually recommended. In recurrence or more aggressive lupus panniculitis cases also methotrexate, cyclophosphamide and cyclosporine A are used [3]. Thalidomide, Disulone, and rituximab, may be used as alternative treatment in patients who do not respond to other forms of therapy [4,5]. Healing of lesions is associated with scarring and lipodystrophy, which leads to concavities in the skin that become a cosmetic problem to patients. This may bring mood deterioration or even depression and may require psychiatric treatment [5].

Conclusion

Our case highlights the difficulty of diagnosis of lupus panniculitis, a rare entity of lupus whose diagnosis is based on a clinical and histological correlation.

Conflict of Interest

The authors declare no conflict of interest.

Bibliography

1. Martens PB., *et al*. "Lupus panniculitis: clinical perspectives from a case series". *Journal of Rheumatology* 26 (1999): 68-72.

2. Requena L and Sanches Yus E. "Panniculitis. Part II. Mostly lobular panniculitis". *Journal of the American Academy of Dermatology* 45 (2001): 325-361.

3. B Cribier. "Panniculite lupique". La Presse Médicale 34 (2005): 243-248.

4. T Ohashi., *et al*. "Successful treatment with dapsone for lupus profundus accompanied by xanthomatous reaction". *Clinical and Experimental Dermatology* (2018): 960-1295.

5. Prieto-Torres L., *et al*. "Lupus panniculitis refractory to multiple therapies treated successfully with rituximab: A case report and literature review". *Australasian Journal of Dermatology* 59 (2017): e159- e160.

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