AUTOIMMUNE CONNECTIVE TISSUE DISEASES

A STRANGE UNILATERAL PERIORBITAL EDEMA

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Background: The etiologies of the palpebral edema are numerous and pose a diagnostic problem especially when the presentation is unilateral. Chronic lupus erythematosus is a rare cause. We describe one case.

Observation: A 55-year-old female patient, was admitted for unilateral palpebral edema who had been evolving for 3 months. The clinical examination found a unilateral painless, non-itchy, peri-orbital swelling with erythema without conjunctival involvement. The patient was not febrile, in good general condition. There was no notion of insect bites or topical application. The patient was treated as bacterial cellulitis and herpes zoster, without improvement. MRI revealed unilateral palpebral edema and excluded an infiltrative tumor process. A biopsy of the lower eyelid showed an atrophic epidermis, surmounted by hyperkeratosis. The basal was discreetly altered seat of a vacuolization. The middle and deep dermis was edematous seat of lymphocytic infiltrates surrounding the appendages. Direct immunofluorescence was positive. Biological assessment revealed positive homogeneous antinuclear antibodies at 1/320 (N <1/80). These results made it possible to retain the diagnosis of chronic lupus erythematosus (CLE) of the right peri-orbital tumidus type.The patient was on oral corticosteroid therapy with hydroxychloroquine and sunscreen. The evolution was favorable with a current decline of 18 months without relapses.

Key message: CLE is usually characterized by one or more well-defined, indolent plaques comprising 3 elementary lesions: erythema sometimes telangiectatic, hyperkeratosis punctate and later cicatricial atrophy. When erythema is associated with significant edema, it achieves a rarer manifestation of CLE in its tumidus form. In case of unilateral involvement, the differential diagnoses are primarily tumor lesions such as sebaceous carcinomas, squamous or basal cell carcinomas and metastases of deep cancers, a local infection and more rarely contact dermatitis or thrombosis of the superior vena. Our patient showed a spectacular improvement with complete regression of symptoms under oral corticosteroids and hydroxychloroquine.