AUTOIMMUNE CONNECTIVE TISSUE DISEASES

AVATARS OF LUPUS ERYTHEMATOSUS

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Background: LE sometimes presents itself in a concealed way thus posing a diagnostic challenge. We report a series of seven such rare presentations.

Observation: Case 1: A 20-year-old female came with periorbital hypopigmentation and polycyclic
annular rash over body with lipoatrophy of upper part of body along with excessive fat deposits around lower body. Biopsy showed subacute LE. Diagnosis: Barraquer-Simons syndrome.

Case 2: A 35-year-old female had painful hyperpigmented plaque over foot since 3 years with
history of three consecutive abortions. Biopsy showed livedoid vasculopathy with microvascular occlusion. Further investigations revealed positive ANA and Lupus anticoagulant, raised APTT, Antiphospholipid IgG antibodies, Anti β2 glycoprotein IgM, Cardiolipin antibodies. Diagnosis: Antiphospholipid syndrome

Case 3,4: Both cases presented with purpuric drug rash like lesions all over body with severe
oral ulceration. In both the cases initial diagnosis of mucocutaneous drug rash was made. Later confirmed as acute LE by histopathology and supported by ANA studies.

Case 5: A 16-year-old girl had multiple vesicular lesions over upper body and oral erosions like pemphigus vulgaris. Hb electrophoresis showed positive sickling test. Biopsy of skin lesion showed acute LE and positive ANA.

Case 6: 24 year female had multiple fluid filled lesions with peeling of skin, causing erosions involving upto 80% body surface area healing with hyperpigmented crusted plaques and scarring. She had persistent proteinuria and positive ANA. Thus, confirming diagnosis of acute cutaneous LE. Biopsy revealed subepidermal blistering with full thickness epidermal necrosis. Diagnosis – Acute syndrome of apoptotic pan-epidermolysis.

Case 7: A case of zosteriform LE noted in a 25 year old ANA negative female.

Key message: Aim of this presentation is to stress upon the fact that LE is likely to be missed, so when doubt persists it is advisable to take a detailed history, histopathological examinations and ANA studies for confirmation of diagnosis.