



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

AZATHIOPRINE FOR LINEAR AND NODULAR MORPHEA: A CASE REPORT

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Background: Morphea is a fibrosing disorder of the skin and its underlying tissue. Mixed type morphea is a rare variant which occur in 4% of morphea in adult, with coexistence of more than one subtype of morphea in one patient. Linear type of morphea characterized by sclerotic lesions follow Blaschko's lines, while clinically, nodular lesions arising from normal or sclerodermatous skin. The management of morphea is still unsatisfactory, however a variety of therapeutic options are available including the use of topical medications, immunosuppressive pharmacological agents, and phototherapy. The objective of this report was to report successful treatment of morphea with azathioprine.

Observation: A case of mixed type morphea (linear and nodular type) in a 20-year-old woman, manifested as hyperpigmented nodules on abdomen and hyperpigmented macules follow Blaschko's lines along lower arm. The histopathological examination revealed thickened sclerotic collagen bundles with adnexal atrophy, and Masson's trichrome's staining showed bundles of collagen. Patient had administered oral methotrexate 7.5 mg/week for four months, but there were new lesions, therefore the therapy was substituted into azathioprine with a dose of 2 mg/kg/day. The lesions in right lower arm softened but there were new hyperpigmentation nodules in abdomen after two months follow up, therefore the dose of azathioprine was increased into 3 mg/kg/day. After 3 months follow up of 3 mg/kg/day consumption of azathioprine, there were no new lesion and parts of the lesions softened.

Key message: Azathioprine could administered as alternative systemic therapy of morphea.

