



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

# CHRONIC CUTANEOUS LUPUS ERYTHEMATOSUS WITH CLINICAL MANIFESTATION DISCOID LUPUS ERYTHEMATOSUS AND NASAL SEPTUM PERFORATION ON A WOMAN WITH SYSTEMIC LUPUS ERYTHEMATOSUS INITIALLY DIAGNOSED AS MORBUS HA

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Background: Morbus Hansen (MH) is one of the great imitator diseases. In lepromatous leprosy type, the initial skin lesion is poor defined macules with symmetrical distribution. On the nose can be found nasal cartilage destruction that causes nasal septum perforation and saddle nose formation. Discoid lupus erythematosus (DLE) is a commonly encountered form of chronic cutaneous lupus erythematosus (CCLE), characterized by coin lesion erythematous plaque with inherent scale on the surface, atrophy in the middle of the lesions, telangiectasia, and hypopigmented macules. Acute exacerbations of systemic lupus erythematosus (SLE) leads to nasal septum perforation, however, perforation of the nasal septum is apparently an unusual complication of SLE. The objective of this report was to describe CCLE in the form of DLE with nasal septum perforation.

Observation: A 47-year-old female, presented with a 7-year history of erythematous macule on scalp, face, chest, back, both arms that feel itchy and baldness on scalp. Over time, the lesion gradually increased in number and slowly extended. There were scarring alopecia, moon face, saddle nose, and nasal septum perforation, but no enlargement of peripheral nerves. The slit skin smear was no found acid fast bacilli, anti-nuclear antibody, anti-dsDNA, and anti-nucleosome were reactive. The skin biopsy and direct immunofluorescence result supported the diagnosis of CCLE. The result was confirmed by the findings of linear immunoglobulin (Ig) G, IgM, IgA deposits in the basement membrane with no C3, fibrinogen, and C1q deposits. The patient was advised to reduced sunlight exposure and apply sunscreen. The patient had been treated with topical corticosteroid, systemic treatments such as methylprednisolone, chloroquine, and azathioprine. By day 106, there was improvement concerning the skin lesions.

Key message: The prevalence of nasal mucosal involvement in SLE is not clearly





documented, and probably underestimated, and often overlooked in the assessment of such patients.

