



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

CHRONIC ULCER A DIAGNOSTIC CHALLENGE IN A PATIENT WITH LUPUS.

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BACKGROUND: Between 75-80% of patients with Lupus present muco-cutaneous lesions, ulcers in lower limbs being a common problem, representing a challenge given a wide range of differential diagnoses. Generally, first option to consider are complications associated with autoimmunity; however, immunosuppression caused by therapies must be taken into account as an important risk factor for infectious processes that usually present with polymorphism and atypical clinical forms.

We present a diagnostic challenge case that demonstrated when a systematic study is done our patients problems can be solve.

OBSERVATION: Female, 22 years old, known to have been diagnosed with Systemic Lupus Erythematosus since 2013 on treatment with Prednisone and Azathioprine. In July 2016, presents an erythematous, pruritic plaque on pretibial zone of left leg; this is interpreted as Contact Dermatitis receiving topical corticosteroids with good evolution leaving residual hyperpigmentation.

In September, presents reactivation with extension of lesion, induration, greater pigmentation and appearance of multiple superficial ulcers with granular bottom with slightly elevated edges; diagnoses of Vasculitis and Pyoderma gangrenosum are raised. They are performed paraclinical finding bicitopenia (anemia and leucopenia); skin biopsy report: Nodular and diffuse infiltrate rich in plasma cells, without evidence of granulomas or vasculitis.

In October, ulcers acquire a warty appearance, adding subcutaneous nodules of linear distribution towards inner side of ipsilateral thigh. Complementary studies are carried out to diagnose Intermediate Cutaneous Leishmaniasis.

KEY MESSAGE: LUPUS, CRHONIC ULCER

