



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

## CUTANEOUS LUPUS ERYTHEMATOSUS IN AN ADOLESCENT WITH BETA THALASSEMIA

*D Guleva<sup>(1)</sup> - I Botev<sup>(2)</sup> - L Miteva<sup>(2)</sup> - L Dourmishev<sup>(3)</sup>*

*Medical University-sofia, Dermatology And Venereology, Sofia, Bulgaria<sup>(1)</sup> - Medical University-sofia, Dermatology And Venereology, Sofia, Bulgaria<sup>(2)</sup> - Medical University-sofia, Dermatology And Venereology, Sofia, Bulgaria<sup>(3)</sup>*

Background: Lupus erythematosus (LE) of the childhood is very rare, especially the cutaneous LE (CLE). The pathogenesis is still not well understood, but it is suggested to be a result of the combination of environmental and genetic factors. Different concomitant diseases are strongly related to systemic lupus erythematosus (SLE). In literature, many articles describe SLE

comorbidities, but there are no reported cases about CLE and beta thalassemia.

Observation: In 2011, a 9-year-old boy came to us with his mother with oval infiltrated erythematous plaques with a mild desquamation on the central part of the face and ears appeared 2 years ago after a trauma. The patient had concomitant beta-thalassemia minor with no systemic symptoms. Based on the clinical, histological and immunofluorescence examination, the diagnosis CLE was made. Laboratory tests were within normal ranges, except hemoglobin- 107 g/l (135-180 g/l). ANA was negative as well as the photo-test. Over a period of 7 years of a regular follow up, a therapy with systemic steroid was discontinued because of side effects while 200 mg hydroxychloroquine daily for a long period of time showed almost complete clinical remission.

Key message: Clinicians should be always aware of co-morbidities in little patients. Juvenile CLE may have a stronger association with SLE than adult-onset CLE. Thus, a cautious approach to monitoring these patients for development of systemic symptoms is recommended. No enough data about the lupus therapy with antimalarial drugs in children is available but our experience showed very good clinical response along with a regular ophthalmological check-up.

