



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

DISSEMINATED MORPHEA COEXISTING WITH LICHEN SCLEROSUS – PROGRESSION INDUCED BY METHOTREXATE INJECTIONS – THERAPEUTIC DIFFICULTIES – A CASE REPORT.

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Background: Both morphea and lichen sclerosis are inflammatory diseases of the dermis and subcutaneous tissue. The etiology and pathogenesis of both diseases are still unclear. The course of morphea can vary, starting with slight superficial sclerosis of the skin to more severe cases with a decreased quality of life, while lichen sclerosis is a chronically relapsing disease with a potential for atrophy, destructive scarring and malignant evolution. There is wide variety of treatment options including topical steroids, calcineurin inhibitors, topical and systemic retinoids and systemic immunosuppressive therapies. Treatment of disseminated morphea with lichen sclerosis can be challenging especially in patients resistant to topical therapies.

Observation: 68-year old female patient diagnosed with coexisting disseminated morphea and lichen sclerosis. On examination disseminated superficial sclerosis of the skin, severe atrophy especially in lower legs and multiple white, atrophic, patchy lesions were observed. Additionally Raynaud phenomenon, joint pains and dryness of mucous membranes were reported.

Initially patient was treated with topical: steroids, calcineurin inhibitors and heparine with no improvement. Oral methotrexate was introduced. After 3 months treatment drug administration was changed to subcutaneous, due to oral therapy intolerance. Injections of methotrexate caused progression of the disease. Every week new morphea/ls lesions were observed at the injection point. Subcutaneous methotrexate injections were stopped and therapy with oral mofetil mycophenolate was implemented. Satisfactory remission was noticed within 2 months. Patient remains under observation.

Key message: We describe a patient with progression of disseminated morphea coexisting with lichen sclerosis induced by methotrexate injection. Presented case underlines therapeutic difficulties in case of coexisting morphea with lichen sclerosis.

