AUTOIMMUNE CONNECTIVE TISSUE DISEASES

JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS WITH AN UNUSUAL INITIAL MANIFESTATION

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Introduction: Juvenile systemic lupus erythematosus is an autoimmune disorder with multisystem involvement.The most common mucocutaneous lesions in JSLE are: malar rash, photosensitivity, cutaneous vasculitis and oral ulcers. We report here a case of juvenile sle presenting as alopecia areata which is a rare initial manifestation.

Case report: 11yr old female child presented to us with patchy hair loss since 3months. On examination multiple smooth patches of alopecia were present on scalp. We kept a provisional diagnosis of alopecia areata and patient was under treatment. Meanwhile after 3 months patient complained of oral ulcers and red raised lesions on face and bilateral upper limb associated with photosensitivity. She also c/o proximal muscle weakness.On examination, erythematous plaques were present on bilateral malar area, bridge of nose, forehead, retroauricular area along with erosions on buccal mucosa and hard palate. Histopathology showed dermal oedema, interstitial mucin, perivascular lymphocytic infiltrate. Her ESR was raised and platelets were 65,000. ANA, Anti – dsDnA, Anti – U1RNP was positive. Serum LDH was raised but CPK-MB was normal. We kept final diagnosis as juvenile SLE with overlap syndrome presenting as alopecia areata. Patient was started on oral prednisolone 1mg/kg/day and tapered gradually over 6weeks along with mycophenolatemofetil 500mg BD. Interestingly patient had complete hair regrowth in 6 months.

Conclusion: Our case was unusual as presentation started with alopecia and we would also like to emphasize on mycophenolatemophetil showing good clinical response. Any child with mucocutaneous lesions associated with SLE needs to be regularly reassessed and monitored for systemic involvement.