



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

LUPUS ERYTHEMATOUS AND LICHEN PIGMENTARY PLANE IS IT AN OVERLAP SYNDROME ?

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Background: The syndrome of overlap is characterized by clinically and histopathologically mixed studies of both lupus erythematosus (LE) and lichen planus (LP)

Approximately 50 cases of LE / LP recovery syndrome have been reported in literature. We are reporting a new case.

Observation: A 40-year-old man, with a notion of photosensitivity, followed in our department during 5 years for discoid lupus without systemic involvement on hydroxychloroquine, with persistence of old lesions and appearance of pigmented layers, with a smooth surface sitting on the face, neck and forearm resting on an erythematous background, the dermoscopy had objectified: a pseudo pigmented network with peri-pilar points and a focal erythema, evoking a lichen planus pigmentosa.

A cutaneous biopsy showed: a thinning of the epidermis, vacuolar degeneration of the basal layer, chronic perifollicular inflammatory infiltrates and deposition of mucin in the dermis in agreement with a subacute cutaneous LE. Furthermore, an hypergranulose, a perivascular lymphohistiocytic cell infiltrate, and peri-pilar in the papillary dermis with a lichenoid interface reaction, is introducing an LP, while degeneration of the basal layer with cytoide body formation and pigment incontinence were signs in favor of the 2 pathologies, the IFD was negative

The systematization assessment of lupus was no abnormality, as well as a metabolic assessment in the context of lichen

In absence of any response to hydroxychloroquines, an association with systemic corticosteroids was instituted and topical tacrolimus, with optimal photoprotection, with beginning of improvement.

Key message: The syndrome of lupus lichen overlap is a rare entity, but one we should not hesitate to think of it in front of cutaneous lesions doing with a clinic, and a histology suggesting the 2 diagnoses, to improve the management.

We believe it is necessary to have more data from more patients to delineate the LE / LP overlap and their coexistence.

