



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

MORPHEA – WHAT CAUSES IT AND WHY NO STANDARDISED CURE.

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Introduction: One of the most perplexing diseases in Dermatology is Morphea also known as localized scleroderma, an idiopathic, inflammatory disorder causing sclerotic changes in the skin. Morphea is an uncommon condition that is thought to affect 2 to 4 in 100,000 people, may be underreported, as physicians may be unaware of this disorder, may be confused with other infectious diseases like leprosy, vitiligo and other undetermined hypo pigmented lesion.

Case Report

60 years female was seen for 5 years history of rapidly extending asymptomatic skin sclerosis affecting left lower abdomen and right thigh. She had no Raynaud's phenomenon, systemic symptoms, sclerodactyly, facial involvement or trauma. Clinically multiple ivory coloured discrete and confluent patches with lilac border, woody hard skin extending over posteromedial aspect of upper right thigh upto lateral side of knee, another extending like a waist band fashion from left waist to mid abdomen. Anti-DNA and antinuclear antibodies were normal.

Differential diagnosis

1.Extra genital Lichen sclerosis et atrophicus, 2.Morphea 3. Post inflammatory hypopigmentation 4. Borderline Tuberculoid leprosy. Biopsy was consistent with Morphea. Diagnosis of linear morphea was established.

Discussion: Only few cases of linear Morphea have been reported in the literature. Microtrauma and obstruction of the dermal vessels by the sclerotic process may play a role. Corticosteroids, salazopirin, colchicine, methotrexate and other immunosuppressive treatments, Retinoids and phototherapy give various results. In our case methotrexate with topical immuno modulator and local phototherapy gave very good result.

Morphea simulating paucibacillary leprosy has been reported. Screening for thyroiditis, genital lichen sclerosus are mandatory. Morphea is rarely located on the head and face. Musculoskeletal, neurologic and ophthalmologic involvement are frequently described.

I will discuss in detail whether the anti- B. burgdorferi antibodies may be observed in patients with localized Morphea,

Why only certain parts of the body are affected by Morphea?

