



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

## MUCOCUTANEOUS MANIFESTATIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS: THE BANGLADESH EXPERIENCE.

Mohammad Rafiqul Mowla<sup>(1)</sup>

Chittagong Medical College And Hospital, Department Of Dermatology And Venereology,  
Chittagong, Bangladesh<sup>(1)</sup>

**Introduction:** Systemic lupus erythematosus (SLE) is an autoimmune disease in which cutaneous lesions occur in majority of patients. However, little information exists in Bangladesh regarding the cutaneous manifestations in SLE patients. This study from Chittagong Medical College Hospital; Bangladesh is conducted to find out the pattern and prevalence of mucocutaneous lesions in SLE patients.

**Materials and Methods:** Patients with SLE fulfilling the clinical and laboratory criteria of the American Rheumatology Association were examined between July 2015 and June 2017 for the presence of cutaneous manifestations.

**Results:** Of the 40 patients females 38 (95%) outnumber males 2 (5%). The mean age was 29 years  $\pm$  0.05 SEM. Most of the patients had cutaneous disorders. Common Lupus Erythematosus (LE) specific cutaneous manifestations were photosensitivity 38 (95%), oral ulcer 35 (87.5%), malar rash 33 (82.5%), Discoid LE Lesions 23 (57.5%), bullous lesion 3 (7.5%), morbiliform rash 1 (2.5%), psoriasiform lesions 1 (2.5%), lupus profundus 1 (2.5%) and conjunctival ulcer 1 (2.5%). LE non-specific mucocutaneous presentations were non-cicatricial diffuse alopecia 27 (67.5%), cutaneous vasculitis 25 (62.5%), cheilitis 12 (30%), urticaria 11 (27.5%), Raynaud's phenomenon 5 (12.5%), Purpura 3 (7.5%), livedo reticularis 3 (7.5%), leg ulcer 2 (5%), dermal atrophy 2 (5%), Ichthyosis 2 (5%), genital mucosal lesion 2 (5%), erythema multiforme 1 (2.5%), lupus planus 1 (2.5%) and xeroderma 1 (2.5%). Nail changes, pitted scarring in the both toes and digits, palmoplantar keratoderma were rare.

**Conclusion:** A different clinical pattern is noted in our patients that reported previously which will be helpful for the clinicians for early detection and intervention to prevent complications. Both LE-specific and LE non-specific skin lesions are helpful for diagnosis and monitoring disease progression and to reduce morbidity and to improve quality of life and thus life expectancy can be prolonged.

**Key Words:** SLE, Cutaneous, Bangladesh.

