



AUTOIMMUNE CONNECTIVE TISSUE DISEASES

NECROTIC ERYTHEMA NODOSUM REVEALING SYSTEMIC LUPUS: LUPUS'S PANNICULITIS

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Introduction: Lupus panniculitis or Kaposi-Irgang disease is a rare clinical entity of lupus disease characterized by the presence of firm nodules sometimes grouped in characteristic topography. The presence of necrotic lesions is unusual. We report a case revealed by erythema nodosum necrotic lesions.

Observation: It was a 39-year-old farmer with no pathological history who consulted in May 2017 for a rash that had been evolving for about 6 months. The interrogation found intermittent poly arthralgia and a beginning marked by nodules of the limbs; evolving by pushing and leaving room for atrophic scars after an ulceration phase. The physical examination found painful nodules on palpation 1-2 cm in diameter disseminated all over the body. These nodules were associated with necrotic and scar lesions. A cutaneous biopsy of a nodule showed the presence of a predominantly lymphocytic, superficial and deep mononuclear infiltrate, which engulfed the hair follicles and infiltrated the hypodermis. The biological assessment showed: FAN > 1/1280 IU, Anti native DNA \geq 11 UI and Anti Sm \geq 8 IU. The rest of the balance sheet was normal.

The diagnosis of deep lupus Kaposi-Irgang type was retained. Prednisone treatment at a dose of 1mg / kg / day with hydroxychloroquine at 4mg / kg / day resulted in a clear regression of the lesions after 8 weeks of treatment.

Discussion: The presence of necrotic lesions in our patient evoking several diagnoses: leprosy, ecthyma gangrenosum or vasculitis. Histological examination and the presence of antinuclear antibodies confirmed the diagnosis of lupus.

Our observation is peculiar by the mode of revelation of the disease, the occurrence in a man and the unusual localization of lesions: ears, legs, scalp.

Conclusion: Diffuse necrotic lesions without signs of systemic involvement should be suggestive of the diagnosis of deep lupus.

