AUTOIMMUNE CONNECTIVE TISSUE DISEASES

SUBACUTE CUTANEOUS LUPUS ERYTHEMATOSUS IN A BOY WITH HISTORY OF LEPROSY: A RARE CASE REPORT

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Introduction: Indonesia is the third leading country of leprosy worldwide with 12-14% leprosy cases found in children, in which 80% suffered from multibacillary type. Subacute cutaneous lupus erythematosus (SCLE) is a variant of lupus erythematosus that is usually found in middle aged women. The coincidence of lupus and leprosy is seldom reported. In this report, we present a rare case of SCLE in a patient with previous history of leprosy.

Observation: An 11-year-old boy was admitted to our dermatology clinic with fever, pain in the small joints, and redness on the face, trunk, and extremities which he had for the past three months. He had a history of leprosy six years before that was treated with WHO multidrug therapy for multibacillary leprosy in children. On physical examination, vital signs were within normal limits. The proximal interphalangeal joints of both hands and feet were swollen with erythematous plaques that were covered with white scales over his face, trunk, and four extremities. The right great auricular nerve and right ulnar nerve were enlarged. Laboratory examination showed positive antinuclear antibody with Bacterial Index +1 from slit-skin smear. The skin biopsy supported for SCLE. The diagnosis of this case was papulosquamous type SCLE in a multibacillary leprosy patient who has been released from treatment. He received 0.5 mg/kg/day of prednisone for a week that was tapered off for 2 weeks and showed a very good response to the therapy.

Key Message: The relationship between lupus and leprosy has not been elucidated. It is hypothesized that Mycobacterium leprae could act as a trigger for lupus reactivation. Molecular mimicry between these two diseases might trigger the phenomenon of lupus caused by M. leprae.