AUTOIMMUNE CONNECTIVE TISSUE DISEASES

SYSTEMIC LUPUS ERYTHEMATOSUS PRESENTING AS TOXIC EPIDERMAL NECROLYSIS

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Background: Stevens–Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are life-threatening dermatological conditions that are characterized by mucositis, epidermal detachment and erosions. The underlying etiology in SJS and TEN is almost invariably secondary to drugs. Rarely, other causes such as systemic lupus erythematosus (SLE), infections and vaccinations have been implicated. Only a few observations from LES revealed by a SSJ have been reported.

Observation: It was a 32-year-old patient, having as antecedent sister for systemic lupus with renal tropism, without concept of drug intake, consulted for erythematous and bullous itchy diffuse at the level of her body evolving for 15 days before his consultation. The dermatological examination revealed the presence of lesions in cockades and pseudo-cockades diffuse predominant at the level of the large folds associated with erythematous erosive plaques of the neck, trunk, abdomen and back surmounted in places by clear liquid-containing bubbles with a positif Nikolsky signe, cutaneous skin surface peeled <5%, the remainder of the somatic examination was unremarkable, given the absence of drug intake and the family history of lupus, the diagnosis of lupus hyperacute was mentioned first, a biological assessment was performed confirming the diagnosis with anti-nuclear antibodies positive to 1/320 with speckled apect, and postif anti natif DNA and SSA SSB antibodies, the patient was put on Hydroxychloroquine with external photoprotection with good evolution.

Key message: Acute lupus cutaneous may present itself as an SJS or NET making the diagnosis of LES often difficult. For our patient, lack of drug intake, positivity of NAA and native anti-DNAs made it possible to retain the diagnosis of SLE and thus contributed to adequate management.