AUTOIMMUNE CONNECTIVE TISSUE DISEASES

ULCERATED LUPUS PANNICULITIS WITH SIGNS OF VASCULITIS PRECEDING SYSTEMIC LUPUS

Julian Boix-vilanova [(1)] - Ana Bauza [(1)] - Daniel Ramos [(1)] - Oriol Corral-magaña [(1)] - Ines Gracia-darder [(1)] - Cristina Gomez [(2)] - Ana Martin-santiago [(1)]

Hospital Universitari Son Espases, Dermatology, Palma, Spain [(1)] - Hospital Universitari Son Espases, Anatomical Pathology, Palma, Spain [(2)]

Background: Discoid Lupus (DL) and Lupus Panniculitis (LP) are two types of Chronic Cutaneous Lupus
Erythematosus (CCLE). Its association with Systemic Lupus Erythematosus is found between a 5-
25 and 10-50% respectively. Lupus nephritis is uncommon in these patients.

Observation: An afro-american nineteen-years-old girl with a discoid lupus erythematosus since she was six
years-old consulted in internal medicine because of three new indurated and painful plaques
located in her left jaw, neck and breast. She was initially treated with 30mg of prednisone daily but
the plaques got ulcerated so azathioprine was added. A skin biopsy showed a lupus panniculitis
(LP) with vasculitis. Due to bad evolution of the skin lesions the patient was referred to
dermatology. Azathioprine was changed to Methotrexate and afterwords to Mycophenolate Mofetil with healing of the ulcers in two months. Subsequent blood and urine tests showed that
complement levels were decreasing as proteinuria was increasing. Weeks later the patient was
urgently admitted in the hospital with anasarca and renal failure. She was treated with bolus of
metilprednisolone, rituximab and tacrolimus with good control of the systemic disease. A renal
biopsy showed a membranoproliferative glomerulonephritis (type V). Finally she could be discharged of the hospital with good control of her renal and skin disease under immunosuppressive treatment.

Key message: LP is an unfrequent type of CCLE. Glucocorticoids and antimalarials have been proposed as first

line treatments but many other drugs have been used.
Herein we present a patient with an aggressive CLE that after reaching a control of her cutaneous
disease developed a SLE. We propose if the presence of vasculitis in the cutaneous biopsy could
have been a marker of the subsequent systemic involvement.