



DERMATOPATHOLOGY

REVISITING HISTOPATHOLOGY OF DISCOID LUPUS ERYTHEMATOSUS: AN INSIGHT FROM STUDY IN FORTY-TWO PATIENTS

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Background: Lupus erythematosus (LE) is an autoimmune inflammatory disorder. The spectrum of the disease includes cutaneous LE at one end and systemic LE at the other. A third group called subacute cutaneous LE fits between the two. Cutaneous LE also referred as discoid LE (DLE) is characterised by well-defined erythematous, scaly patches to plaques, mainly over face and scalp, which heal with atrophy, scarring and pigmentary changes. The clinical features aided with histopathology are useful tools to classify the disease. Recent understanding of pathology has helped discern specific histopathological features of each spectrum.

Objective: The present study analyse the histopathological features of discoid lupus erythematosus.

Materials and Methods: The material for this study included the skin biopsies of 42 patients sent by Department of Dermatology of Institute of Medicine, Kathmandu, Nepal for histopathological analysis between April 2014 to March 2018. The specimen were obtained at first visit and fixed in 10% formalin. The hematoxylin-eosin sections were read by a dermatopathologist. All the reports that were confirmed as cases of DLE on histopathology were included in the study.

Results: The biopsy samples belonged to 30 (71.4%) female and 12 (28.6%) male patients. The mean age was 41.8 years (Female=43.3/Male=37.8 years). Majority (83.3%) were incisional biopsies, remaining being punch biopsies. Face (33.3%) and scalp (14.2%) formed almost half the biopsied sites. Diffuse to band like lymphocytic or lymphoplasmocytic infiltration at dermo-epidermal junction (n=35, 83.3%), focal to diffuse vacuolar degeneration of basal layer (n=33, 78.6%), follicular plugging (n=28, 66.6%), mild to dense periadnexal (n=27, 64.3%) and perivascular (n=26, 61.9%) lymphocytic infiltrate, pigment incontinence (n=21, 50%) and hyperkeratosis (n=20, 47.6%) were the major histopathological findings. Presence of mucin showing positivity with Alcian blue was seen in about a third cases (n=27, 64.3%).





Conclusions: DLE shows characteristic histopathological features.

