



EPIDEMIOLOGY

MORPHEA: CLINICAL, EPIDEMIOLOGICAL AND EVOLUTIVE FEATURES IN 23 CASES

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Background: Morphea is a circumscribed sclerotic induration of the skin. The diagnosis is clinical with an almost exclusive attack of the skin.

Objective: We studied epidemiological characteristics, clinical presentation, therapeutic response and identify the prognostic factors.

Materials and methods: Retrospective study including all patients followed in dermatology department of Casablanca between 2013 and 2018.

Results: Twenty-three patients were included: 20 women and 3 men (sex ratio F / H = 6.7). The average age was 35.58 years. The duration of evolution before the first consultation was 2.06 years on average. Clinical forms were: plaque morphea (12 cases), linear (7 cases), "en coup de sabre" (2 cases), Parry Romberg (1 case), generalized (5 cases) and 1 case of deep morphea. Association forms was noted in 5 patients. Limb localization was the most common (15 cases). The lesions were multiple in 95.65%. The AAN were positive in 2 cases (monomelic and generalized morphea). Treatment with dermocorticoids alone (3 cases), a general corticosteroid treatment (11 cases), methotrexate alone (4 cases), methotrexate associated with corticosteroid therapy (7 cases). A good evolution of the lesions was noted in 9 patients. The therapeutic failure was noted in 2 cases of deep and generalized morphea, the symptomatology started at an early age (2 years) in the 2 cases. An evolutionary recovery in 1 case of generalized morphea after a delay of 2 years.

Conclusions: Morphea is rare, female predominance in our series is consistent with the data of the literature. Plaque form, the predominant form in our series, occurs mainly in adults but the linear form predominates in children. Morphea treatment is empirical in order to limit the extension of lesions and avoid aesthetic discomfort. General corticosteroids associated with methotrexate are one of the pillars of management. The best results are obtained with the morphea in plaque, which joins the literature. The early onset and depth of sclerosis are the main factors of treatment failure in our series.

