BULLOUS MORPHEA WITH ATYPICAL PRESENTATION.

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Introduction: Bullous morphea (BM) is an uncommon form of localized scleroderma. Its exact pathogenesis remains unknown. We report an atypical case of BM with pseudo-carcinomatous long-standing ulcer treated successfully with topical wound care.

Observation: A 67-year-old woman with history of hypertension, diabetes mellitus type II, and hypothyroidism presented with a 5-year history of ulcerated plaque on the lumbar back. The patient had a surgical history of cervical and lumbar laminectomy 15 years ago. The dermatological examination revealed a brownish ulcerated plaque on the lumbar back, with a sclero-atrophic center and indurated budding margins. The diagnosis of cutaneous carcinoma was suspected. Histopathological examination of cutaneous biopsy concluded to an ulcerated bullous morphea. Treatment with topical steroid and silicone gel led to resolution of the ulceration in 5 months.

Discussion: Bullous morphea is a rare variant of localized scleroderma. Its frequency ranged from 1.4% to 7.5% according to studies. BM, which can later ulcerate, is frequently seen on the lower extremities. In our case, the long-standing ulcerated presentation, the absence of a bullae, the atypical location in the lower back made the diagnosis challenging. Cutaneous biopsy confirmed the right diagnosis. Several mechanisms have been proposed to explain the pathogenesis of bullous morphea. For instance, inflammation, lymphangiectasis, local trauma and immune mediated aggression to the dermoepidermal junction are some of the potential explanatory mechanisms. The history of lumbar surgery could be part of traumatic factors. The treatment of bullous morphea, once the bullae ulcerate, is difficult. Our case is particular by the favorable evolution of the lesions only under topical wound care.