



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

DISCOID LUPUS ERYTHEMATOSUS : NEGLECT LEADS TO MALIGNANCY

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Background: Discoid lupus erythematosus (DLE) is a chronic form of cutaneous lupus erythematosus that usually runs an indolent course. Neoplastic transformation is a rare complication of this condition. We report three cases with squamous cell carcinoma (SCC) which developed on DLE lesion.

Observation: A 38, 46, 43-year-old, smoking, men presented with a long history of DLE. The DLE lesions were located in the face in one case and generalized in the other cases. Cheilitis was associated in two cases. There was no evidence of systemic involvement in all cases. Patients were treated with topical corticosteroids and hydroxychloroquine with poor adherence to therapy. One patient has used tar for several years to treat DLE lesions. These patients developed an exophytic, ulcerated mass located in the lower lip (2 cases) and over a depigmented DLE scar on the dorsal hand (1 case). This transformation occurred after an average latency period of 15.6 years. Histologically a well differentiated SCC was seen in all cases. Surgical excision of the tumor with lymphadenectomy was performed for all patients. There was no evidence of local recurrence or distant metastasis to date. The development of SCC was associated with progression of DLE to systemic form in one case.

Key message: SCC arising in DLE lesions is rare. A male preponderance is often noticed. Ultraviolet exposure is the most important risk factor, resulting in the localization of lesions on sun- exposed sites. Lips are the most common site of SCC. Negligence is a crucial contributive factor in our patients by promoting the inflammatory processes. Exposure to chemicals such as tar, has been also implicated in its pathogenesis. In the future, reducing the risk of SCC in DLE would involve aggressive attention to the treatment of DLE as well as eviction of tobacco use and excessive sun exposure.

