



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

INDUCED CUTANEOUS LUPUS ERYTHEMATOSUS MIMICKING TOXIC EPIDERMAL NECROLYSIS

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Background: Toxic epidermal necrolysis (TEN)-like lupus erythematosus (LE) is a hyperacute and life-threatening form of cutaneous lupus erythematosus. Because of its rarity, little known about this entity. We report a case of a hyperacute LE mimicking TEN.

Observation: A 48-year-old woman who present two months before her admission in our department an inflammatory arthralgia in large joints, for which she was put on an increased dose of ibuprofen of 200 mg/day and 20 mg/day of omeprazole. Three weeks later the patient developed erosive lesions on the trunk, face and limbs with oral and ocular mucosal involvement. The clinical examination revealed a cutaneous skin area of 15%, a positive Nikolski, diffuse oral and ocular erosions. The diagnosis of steven johnson-type toxidermy or TEN were suspected. The drugs were stopped, a declaration of pharmacovigilance was made and the skin biopsy showed epidermal atrophy with keratinocyte necrosis and a discrete lymphocyte dermal infiltrate. On the biological level, the patient had aregenerative normocytic anemia, a significant alteration of liver function. At the immunological level, anti-nuclear antibodies are found at an increased level with negative antihistone antibodies. Complete remission is obtained 8 weeks after discontinuation of treatment and initiation of treatment with hydroxy-chloroquine and dermocorticoid.

Key message: Skin damage is an indicator of disease activity and careful search for extracutaneous involvement to prevent further complications is mandatory. Systemic corticosteroids either alone or combined with hydroxychloroquine or intravenous Immunoglobulin were the most commonly used treatment.

