INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SHULMANN FASCIITIS : A NEW CASE

W Bahtaoui [1] - Fz Fetoiki [1] - F Hali [1] - S Chiheb [1]

Hassan Ii University-ibn Rochd Hospital Center, Dermatology, Casablanca, Morocco [1]

Introduction: Shulman's fasciitis is a sclerodermiform state of unknown cause, and the nosological framework is not well defined. Described for the first time by Shulman in 1974, it is a rare pathology that associates edema of the limbs leaving room for subcutaneous induration and eosinophilia inconstant. We report a new case

Observation: a female 51 years old patient, diabetic and with hypothyroidia, presented arthralgia and painful bilateral oedema in the 4 limbs, evolving towards progressive sclerosis, without raynaud's phenomenon. The clinical exam objectified prayer sign, orange peel effect, and valley sign, with depilation, without sclerodactylia. paraclinical exams shows hypereosinophilia and inflammatory syndrome without monoclonal gammapathy. Antinuclear antibodies were at 1/80 whithout specificity. Biopsy of the skin, fascia and muscle showed eosinophilic infiltrate of the fasica. The patient was treated with systemic corticosteroids and methotrexte with partial improvement

Discussion: Shulman's Fasciitis is clinically characterized by progressive thickening and induration of the skin and subcutaneous tissue with an orange peel appearance and a sign of the valley. Joint and muscle manifestations can be associated. It predominates in women aged 40 to 60 years. A blood eosinophilia is evocative but inconstant. The diagnosis is guided by MRI and confirmed by cutaneous fascio-muscular biopsy. This shows a thinning of the fascia, with collagen deposition in the dermis, an infiltrate of lymphocytes, plasma cells and eosinophils. The immunological assessment is negative. Cases associated with neoplasia have been reported. Treatment is based on general corticosteroid therapy

Conclusion: Shulman's fasciitis is a rare disease whose etiology is unknown. His diagnosis is histological. Treatment is based on general corticosteroid therapy.