



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

PALPEBRAL CHRONIC LUPUS ERYTHEMATOUS: ABOUT THREE CASES

S Salim⁽¹⁾ - M Khallaayoune⁽¹⁾ - K Bouirig⁽²⁾ - J Bouhellab⁽¹⁾ - M Meziane⁽¹⁾ - B Hassam⁽¹⁾

*Ibn Sina University Hospital, Dermatology And Venereology Department, Rabat, Morocco⁽¹⁾
- Ibn Sina University Hospital, Ophtalmology Department, Rabat, Morocco⁽²⁾*

Background: Chronic lupus erythematosus has a predilection for the face and scalp. The palpebral involvement is rare and sometimes not very suggestive especially when it is the only localization of the disease. We report three cases of palpebral chronic lupus erythematosus.

Observation: We report the cases of one man and two women, with an average age of 39 years old, and without any significant past medical history a part from a psoriasis in one woman. They presented with erythematous and squamous plaques of the face and scalp with chronic cheilitis in two of them. Palpebral erythematous and squamous plaques were also noticed in all of them. Ophthalmological examination didn't reveal any ocular involvement, and the rest of clinical examination was normal. Histological study of the palpebral and cephalic lesions of the three patients revealed interface dermatitis with a positive lupic band in direct immunofluorescence. Laboratory tests and radiological assessment to evaluate systemic involvement were normal. A treatment based on hydroxychloroquine associated with photoprotection was established with a good improvement after 3 months follow-up.

Key message: Palpebral involvement of lupus erythematosus is an uncommon condition. It is often associated with others lesions on the cephalic area. However, it can be isolated leading to error and delayed diagnosis. The most frequent palpebral manifestations of lupus erythematosus are erythematous plaques sometimes covered with scales or telangiectasia, most often sitting on the lower eyelid. Associated ocular involvement, particularly corneconjunctivitis, is possible imposing an ophthalmological examination. Differential diagnoses include the other causes of blepharitis. Treatment is based on synthetic antimalarials and photoprotection and sometimes topical corticosteroids or thalidomide.

