PAEDIATRIC DERMATOLOGY

LOCALIZED SCLERODERMA (MORPHEA) IN CHILDREN AND ADOLESCENTS

Jelena Stojkovic-filipovic [1] - Branislav Lekic [2] - Mirjana Gajic-veljic Gajic-veljic [1] - Jovan Lalosevic [2] - Milos Nikolic [1]

Clinic Of Dermatovenereology, Clinical Center Of Serbia, University Of Belgrade School Of Medicine, Department Of Dermatovenereology, Belgrade, Serbia [1] - Clinic Of Dermatovenereology, Clinical Center Of Serbia, Department Of Dermatovenereology, Belgrade, Serbia [2]

Introduction: Localized scleroderma (LoS) or morphea is a rare disease. Five LoS subtypes may be distinguished: plaque, linear, generalized, deep and bullous. The course of disease is unpredictable and the therapy may be challenging.

Aim: To determine clinical forms of juvenile LoS, demographic characteristics of patients, correlate the laboratory and immunological parameters, find comorbidities and define the therapeutic approach.

Material and methods: This retrospective study included 40 LoS children/adolescents, treated as in-patients in the period 2008-2017. The statistical analysis was performed using SPSS 20.0.

Results: Of 40 patients, aged 1-18 years, 29 were girls (72.5%) and 11 boys (27.5%). The most common form was linear LoS, diagnosed in 25% of patients. The majority of patients (31=77.5%) did not have comorbidities; positive family history of autoimmune disease was found only in 1 patient (2.5%). Mechanical trauma as a trigger was found in 3 patients (7.5%); 13 (32.5%) reported tick bite(s). Anti-Borrelia burgdoferi IgM were found in 4 (15.4%) and IgG in 3 patients (11.5%). ANA were present in 13 (40.6%) patients. Pulsed intravenous dexamethasone (1.5 mg/kg, on 3 consecutive days, repeated monthly, for 6-9-12 months), was administered in 28 (70%) patients. There were no statistically significant differences in the number of necessary dexamethasone pulses in various LoS forms (p=0.52). Methotrexate was administered in 24 (60%) patients, of whom in 21 patients (87.5%) combined with pulsed corticosteroids. The therapy halted the progression of the diseases, and in many patients resulted in a significant regression of sclerosis and atrophy.

Conclusions: LoS has an insidious onset and unpredictable course, so early diagnosis and adequate therapy are important to minimize sequels related to physical, emotional and

social functioning of patients. Better understanding of LoS and recognition of mixed subtypes should minimize the delay in diagnosis and influence the adequate management of the disease.