



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

## NECROBIOSIS LIPOIDICA ASSOCIATED WITH SYSTEMIC ERYTHEMATOSUS LUPUS: A CASE REPORT

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**Background:** Necrobiosis lipoidica (NL) is a chronic granulomatous dermic pathology characterized by collagen degeneration. A rare disease whose pathogenesis has not yet been elucidated, is historically associated with diabetes mellitus because of its higher prevalence in these patients. Recent literature shows a relationship between NL and diabetes from 12.3% to 70%. The average age of onset is 30 years, and it is a condition more commonly found in women. NL has also been seen in patients with autoimmune diseases like: irritable bowel disease, sarcoidosis, rheumatoid arthritis and autoimmune thyroiditis

**Observation:** 52-year-old woman, non-diabetic, with a nine year systemic erythematous lupus diagnose, from Rio de Janeiro, was referred for leprosy investigation due to a five year history of lower limb lesions with altered sensitivity. Physical examination revealed multiple brownish, irregularly shaped, well delimited plaques with a pink atrophic center, of different sizes, located in the pre-tibial and anterior thigh region bilaterally, with altered thermal sensitivity test. The diagnosis of leprosy was excluded by negative results from bacilloscopy and biopsy, in which the histopathological findings associated with the clinic aspect of the lesions led to the diagnosis of lipid necrobiosis.

**Key message:** There are many known autoimmune diseases associated with necrobiosis lipoidica besides diabetes mellitus, a fact that may corroborate an important autoimmune role in the pathogenesis of the disease. However, to the best of our knowledge the co-existence of systemic erythematous lupus with necrobiosis lipoidica has not been previously reported. It is also important to be attentive to the differential diagnosis of the disease, always considering the epidemiological context in which the patient is inserted, as well as the divergence of the literature with the presented case, once that, until the present time, the patient presents lipid necrobiosis without association with diabetes mellitus.

