

Lupus Tumidus Mimiking a Rosacea: About a Case

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DESCRIPTION

Lupus erythematosus tumidus (LET) is a rare form of chronic cutaneous lupus erythematosus (CCLE) with a benign, intermittent clinical course and only rarely associated with systemic lupus erythematosus (SLE).

A 36-year-old Moroccan woman presented with a 2-years history of a pruritic rash on her face aggravated by sun exposure. Her past medical history was significant. She was treated as rosacea by several topical treatments but without any improvement. In the physical examination, we found infiltrated, erythematous and oedematous plaques on the face, hot on palpation with palpebral and upper lip involvement (Figures 1 and 2). However, there were no telangiectasia, alopecia, arthralgia, Raynaud phenomenon or bullous lesions. The diagnoses discussed were sarcoidosis, lupus tumidus, cutaneous B-cell lymphoma or pseudolymphoma. Histopathologic analysis of the erythema showed dermal edema, superficial and deep dermal lymphocyte infiltrate of perivascular and peri-anxial disposition, without epidermal changes. Alcian blue staining intensity was elevated between the collagen bundles, indicating dermal mucinosis. Direct immunofluorescence was negative. Laboratory abnormalities showed an elevated anti-nuclear and anti-double stranded DNA antibodies. The rest of the systematization assessment was normal. Lupus erythematosus tumidus was diagnosed. Oral antimalarial agents (most commonly hydroxychloroquine) are often beneficial [1,2].



Figure 1: Infiltrated, erythematous and oedematous plaques on the face.



Figure 2: Palpation with palpebral and upper lip involvement.

The lesions of LET affect more commonly the face and trunk. They can be associated with concomitant discoid lupus erythematosus or systemic involvement. Direct immunofluorescence studies are frequently negative. Preventive (e.g. photoprotective) strategies and topical therapies (corticosteroids and topical calcineurin inhibitors) are generally used, but most patients respond well to chloroquine phosphate. The course and prognosis of LET are generally more favorable than in other subtypes of CLE.

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