**Lupus Erythematosus**

**Patient:** 17-year-old woman

**Duration:** 6 years

**Distribution:** Palms, soles, sides of feet and hands

**History:** Progressively increasing asymptomatic lesions.

**Physical Exam:** Symmetrical erythematous well-demarcated plaques with hyperkeratotic borders and reticulation with atrophy and scaling. Hyperkeratotic papulo-nodules over MCP and PIP joints. In addition, there is a violaceous discoloration of the distal phalanges and the toes as well as gingival hyperplasia.

**Histopathology:** Interface dermatitis of the vacuolar type with dermal sclerosis and pigment incontinence. Direct immunofluorescence; discontinuous granular IgG fluorescence at the dermo-epidermal junction.

**Laboratory:** ANA, Anti-dsDNA, Anti-RNP, Anti-Sm, Anti-La, Anti Ro, Anti-Jo, and VDRL are all negative

**Discussion:**
- Discoid lupus erythematosus (DLE) is characterized by erythematous plaques and patches, peripheral scaling and hyperpigmentation with central atrophy, hypopigmentation and telangiectasia.
- Lesions occur most often in sun-exposed areas, particularly on the head, neck, scalp and external ears.
- ANA is present in low titers in 30 to 40% of these patients. An unusual form of DLE is confined almost exclusively to the palms and soles. This form of lupus could be a marker of increased susceptibility of developing systemic lupus erythematosus. It can be disabbling at times and difficult to treat.
- In patients for which conventional therapy fails, treatments including combination antimalarial therapy, immunosuppressive drugs such as azathioprine may be a reasonable alternative.

**References:**
- Watanabe T, Tsuchida T: Classification of lupus erythematosus based upon cutaneous manifestations. Dermatological, systemic and laboratory findings in 191 patients. Dermatology 1995; 190:277