



Unusual presentation of DLE: a case report

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Introduction: Discoid lupus erythematosus (DLE) is a chronic skin condition that occurs in the face, ears, and scalp and at times on other body areas¹. It usually affects photo-exposed areas of body. Characteristic lesions include erythematous macules, papules, and plaques with telangiectasia, scaling and follicular plugs, which results in a scarring process with atrophy and dyspigmentation². We are here presenting a case of 54 years old female patient with eczematous plaque over face for last 7-8 months that was histopathologically confirmed to be lesion of DLE.

Case report: A 54 years old female presented to the dermatological clinic with mildly itchy erythematous plaque with mild crusting over lesion for the last 7-8 months. Patient gave history of oozing of clear fluid from the lesion. There was no history of photosensitivity. On examination, there was a well-defined erythematous plaque with slight edema and induration with surface showing crusting. Systemic examination and routine haemogram and biochemical investigations were within normal limits. Patients was otherwise healthy and not on any medications. Based on clinical examination and history, diagnosis of cutaneous leishmaniasis, atypical mycobacterial infection and sarcoidosis were considered and a 5mm punch biopsy was performed. Biopsy showed lymphocytic infiltrate with degenerated basal layer, thickening of basement membrane, perivascular lymphocyticinfiltrate, follicular plugging and epidermal atrophy. Hence, diagnosis of DLE was made and patient was advised to avoid sunlight and was started on sunscreen and fluocinolone cream.



Clinical photograph showing well defined erythematous, eczematous plaque over right side of cheek.

Discussion: Cutaneous lupus is subdivided into three categories: acute CLE (ACLE), sub acute CLE (SCLE), and chronic CLE (CCLE)³. Almost all patients with ACLE develop SLE during the course of their disease⁴. Patients are in the third decade of life⁵ and have signs and symptoms of SLE, as well as positive serologic findings of SLE⁶. The SCLE is the more photosensitive subset of CLE. It usually presents in the third or fourth decade of life⁵ and presents as papulo-squamous or annular lesions in photo exposed areas.

The CCLE is thought to be two to three times more frequent than SLE, with the common age of onset being 20–40 years of age⁷. Variants of CCLE include disseminated DLE, lupus tumidus and lupus panniculitis. Our patient had eczematous lesion over face and did not have any signs of systemic involvement on further evaluation. Patient was only given topical medications. For widespread disease antimalarial drugs are treatment of choice. Systemic corticosteroids can be given, but only for acute and severe lesions and should be used for limited time. Second line drugs include methotrexate, retinoids and dapsone. Patients with CCLE should be followed up at regular intervals due to risk of progression into SLE. The reported rates were 16.7% in the mean time of 3 years in an international study and 17% in a mean time of 8 years in another study^{8,9}.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest:

There are no conflicts of interest.

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