

Interhospital Dermatology Conference

Case 18

A 63 year-old Thai woman.

C/C Generalized hypopigmented patches for 2 month.

P/I: She developed erythematous patches on face, chest, upper back and exposed areas of arms, legs for 2 months.

Later the patches became hypopigmented and turned red when exposed to sunlight. She was treated with Psoralen solution at a clinic which made the lesion worse.

No other abnormal symptoms

PHx: no history of drug allergy

P/E Generalized confluent hypopigment patches with sharply defined irregular border at malar area, V-shaped of neck, upper chest and back, exposed area of extremities

Some foci of atrophy and scanty scales on top of some lesions.

Normal oral mucosa.



Fig. 18.1

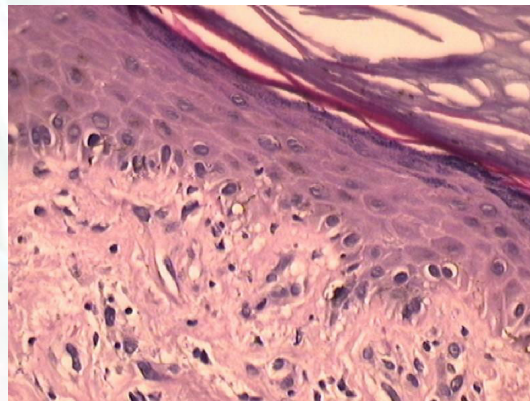


Fig. 18.2

Investigation

CBC: Hb 11.2g/dl, Hct 34%, WBC 7,020 , N 68% , L 26% , M4% , EO 2%, Plt 373,000

UA : Yellow turbid, WBC 5-10 RBC neg , epithelial cell 1-5 , prot 1+

ANA : Homogenous pattern 1:16

DIF : Neg

Histopathology Slide no. 41-1100

superficial perivascular infiltrate of lymphocytes and melanophages in upper dermis
Hyperkeratosis

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Vacuolar alteration of basal cell layer.

Diagnosis: Generalized DLE; Vitiligo like

Treatment Chloroquine , Sunscreen

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References

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2. James N. Gilliam,M.D. :Distinctive cutaneous subsets in the spectrum of lupus erythematosus. J Am Acad Dermatol April 1981;4:471-474.