

August 17, 2001

Case 12

A 70 year-old man from Bangkok

Chief Complaint: Multiple erythematous patches on face and forearms

Present illness : 6 years ago, he developed asymptomatic erythematous rash on the face and forearms. Skin biopsy was done, and he was diagnosed and treated as DLE (with oral chloroquine, topical corticosteroids and sun screen) The rash improved and he loss follow-up for 5 years

3-4 years ago, he observed the spontaneous occurrence of the scar-like lesions on the dorsum of both forearms and hands, without pre-existing trauma

Past history: He was healthy with no history of serious illness

Family History: No history of LE in other member of his family

Physical Examination:

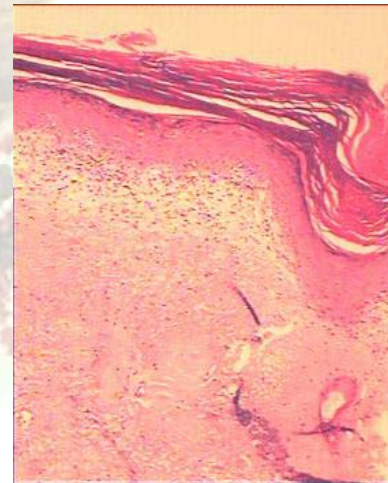
- Multiple erythematous patches, plaques with atrophy and telangiectasia on malar areas of the face and the dorsum of both forearms
- Multiple hypopigmented, atrophic lesions with stellate border on the dorsum of both hands and forearms

Histopathology :

Diagnosis : Discoid lupus erythematosus (DLE) , and stellate scars of the hand and forearms

Presenter : Wiwat Chareonkul

Consultant : Siripen Puavilai



Comment : Stellate scars of the hands and forearms are true scars resulting from tearing of fragile photodamaged skin. It has been incorrectly called pseudoscars of of Coulomb, and has been mistakenly attributed to a preexisting purpura, which heals without scarring.

References

1. Moschella and Hurley; *Dermatology 3rd edition, Vol.1, p.118.*
2. Colomb D. Stellate spontaneous pseudoscars. Senile and presenile forms: especially those forms caused by prolonged corticoid therapy. *Arch Dermatol. 1972 Apr;105(4):551-4.*
3. Bjornberg A, Moberg H. "Spontaneous stellate pseudoscars" of the arms caused by increased skin fragility. *Acta Derm Venereol. 1972;52(2): 151-4.*

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