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Journal of Clinical & Medical Imaging

Isolated Blaschkitis: An unusual cutaneous presentation of male systemic lupus erythematous

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Blaschkolinear acquired inflammatory skin eruption are exceptional dermatosis characterized by a linear distribution following the Blaschko lines of the skin.

This particular rash may be related to several diseases: psoriasis, lichen planus, dermatomyositis, lichen striatus, fixed drug-induced dermatitis, chronic graft versus host reaction, and atopic dermatitis.

Adult-onset Blaschkitis (blaschkitis of adulthood) were first described in 1990 by Grosshans and Marot, and their autoimmune origin was suggested because of the possible association with the presence of antinuclear autoantibodies at very significant levels.

The systemic lupus erythematosus, as possible etiology to these adult-blaschkitis is however exceptional; indeed only a few sporadic cases have been reported in the world literature for both adults and children.

A 24-year-old man with no pathological medical history, was explored for isolated and persistent skin lesion evolving for two months.

Somatic examination noted an isolated, papulo-crusty, pigmented, non- pruritic, and discreetly scaly rash in multiple bands along the side of the trunk (Figure 1).

Histopathological findings and direct immunofluorescence were consistent with the diagnosis of lupus (band-like lesion).

Anti-nuclear, anti-Sm, anti-native DNA and anti-nucleosome antibodies were positive. The blood count showed leucopenia at 3200/mm^3 and thrombocytopenia at 143000/mm3. The assessment of systemic visceral manifestations of lupus disease was negative.

The patient was treated with hydroxychloroquine (400 mg/d) and topical corticosteroids with a favorable course.

It is thus necessary to evoke the diagnosis of systemic lupus erythematosus in front of any blaschkolinear skin rash /blaschkitis that is not proven.

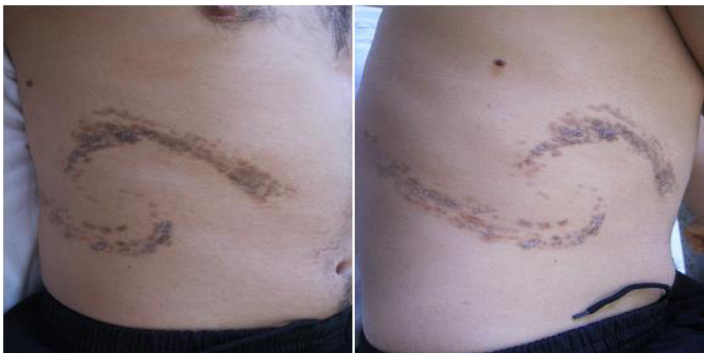

Figure 1. *Blaschkolinear, pigmented, and discreetly scaly skin eruption along the right side of the trunk.*

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Rec: Feb 26, 2019; Acc: Mar 08, 2019; Pub: Mar 12, 2019

J Clin Med Imag. 2019;2(1):15
DOI: gsl.jcmi.2019.00015