

Palpebral Involvement as a Presenting and Sole Manifestation of Discoid Lupus Erythematosus



FIGURE 1. Edematous, erythematous plaques of the lower eyelids with madarosis (arrows).

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A 28-year-old woman presented with a 2-year history of idiopathic, chronic blepharitis unresponsive to several courses treatment of corticosteroid eye drops. Physical examination was notable for edematous, erythematous plaques of the lower eyelids with madarosis in the absence of preceding skin scarring (Fig. 1). Biopsy specimen was obtained and diagnosis of discoid lupus erythematosus (DLE) was made. DLE is a chronic, cutaneous disease that is clinically characterized by a malar rash, acute erythema, and discoid lesions[1]. Localized DLE occurs when the head and neck only are affected, while widespread DLE occurs when other areas are affected, regardless of whether disease of the head and neck is seen[2,3,4,5,6]. Patients with widespread involvement often have hematologic and serologic abnormalities, are more likely to develop systemic lupus erythematosus, and are more difficult to treat[7]. A number of skin diseases may be confused with DLE, such as psoriasis, seborrheic dermatitis, acne,

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rosacea, lupus vulgaris, sarcoidosis, Bowen's disease, polymorphous light eruption, lichen planopilaris[8], dermatomyositis[9], granuloma annulare[10], and granuloma faciale[11]. Palpebral lesions may rarely be the presenting or sole manifestation of the disease[12] and lower eyelid involvement is seen in 6% of patients with chronic, cutaneous lupus erythematosus[1]. DLE should therefore be considered as a differential diagnosis in chronic blepharitis or madarosis that persists despite usual medical management and eyelid hygiene[12]. The patient was treated successfully with hydroxychloroquine. The skin lesions resolved with minimal scarring.

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