Mucosal Manifestation of Lupus Erythematous

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Abstract: Lupus Erythematous is an autoimmune rheumatic disease characterized by the action of antibodies against a variety of antigens. A large spectrum of oral mucosal lesions can be found in the systemic and cutaneous forms of lupus erythematous. The present article reports a 67-year-old woman with Lupus Erythematous associated with oral mucosal lesions.

Keywords: lupus erythematous; oral lesions; autoimmune disease.

Case Report

Lupus Erythematous is a classic example of autoimmune rheumatic disease, characterized by the action of antibodies against a variety of auto antigens. Biett in 1828 and Kaposi in 1872 first described lupus erythematous. The presentation of this autoimmune rheumatic disease can vary from a simple skin rash to progressive multiorgan disease. A large spectrum of oral mucosal lesions can be found in the systemic and cutaneous forms of lupus erythematous. Typical cases of oral lesions are clinically characterized by the presence of white papules, central erythema, a border zone of irradiating white striae and peripheral telangiectasia. In this way, the objective of the present article is to present a case of Lupus Erythematous associated with oral mucosal lesions.

A 67-year-old woman presented with burning mouth symptomatology for several months was reported to our Private Clinic. Past medical history reveals chronic cutaneous lupus erythematous and hypertension. Extra oral examination, obviously pointed to skin lesions on the scalp which appeared as depigmented scarring alopecia (Panel A). She also had a hyperkeratotic papules in elbows (Panel B). Intra-oral evaluation shows multiples erythematous lesions with diffuse reddish marginal areas, and central areas with epithelium desquamation (Panel C, D e E). Generalized bleeding on probing was present. There were no periodontal pockets, furcation involvement, and mobility. Excisional biopsy was done under local anesthesia in the maxillary anterior region. Specimen was sent for histopathologic examination and confirms the clinical diagnosis. The patient was treated with systemic corticosteroids and total resolution of mucosal manifestations was achieved in 2 months. After one year follow up no recurrence was found.
Figure 1. A - Skin lesions on the scalp which appeared as depigmented scarring alopecia. B – Presence of hyperkeratotic papules in elbows. C, D, E - multiples erythematous lesions with diffuse reddish marginal areas; and central areas with epithelium desquamation.

REFERENCES