Clinical Image

Discoid lupus erythematosus

Luciano Zogbi*

1Department of surgery, Federal University do Rio Grande (FURG), Brazil

*Corresponding author: Luciano Zogbi, Department of Surgery, Federal University of Rio Grande (FURG), Rua Vitor de Paranaguá 102. Faculdade de Medicina – 4º andar da área acadêmica, Rio Grande, RS, Brazil- 96203-900, Tel: 55 53 32338800; E-mail: zogbi@furg.br

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Abstract

A 24-year-old male Caucasian presented with an erythematous malar lesion. The lesion had irregular and slightly elevated borders, with somewhat indurated plaques covered by a well-formed adherent scale in the center and with similar but smaller satellite lesions. An incisional biopsy was performed, revealing epidermal atrophy, degeneration of the basal layer and mononuclear infiltration of the dermis. These features were consistent with classic findings of the autoimmune disease discoid lupus erythematosus (DLE). The plaques of DLE tend to expand slowly with active inflammation at the periphery and then heal, leaving depressed central scars, atrophy, telangiectasias, and hyperpigmentation and/or hypopigmentation. DLE most often involves the face, neck, and scalp. The patient underwent clinical treatment with improvement of the lesions. Though he did not meet criteria for systemic lupus erythematosus (SLE), progression to SLE may occur in up to 28 percent of patients initially presenting with DLE.

Figure 1: Male Caucasian presented with discoid lupus erythematosus