

An Enlarging Lesion

Benjamin Barankin, MD

A 33-year-old Caucasian female presents with a progressively enlarging, solitary, pink-orange plaque on her shin. She is otherwise healthy and taking a few herbal supplements. She has no drug allergies.

What is your diagnosis?

Tumid lupus erythematosus (TLE) appears to be an unusual and rare variant of chronic cutaneous lupus erythematosus. It is characterized by an erythematous and indurated/edematous plaque (also known as a “urticarial plaque”) or nodule containing excessive mucin, in which scaling and follicular plugging are absent. Scarring does not occur.

TLE plaques or nodules occur most commonly on the face and trunk, although any site may be affected. Histopathology reveals a moderately dense, superficial and deep perivascular infiltrate of lymphocytes. Characteristically, there is an absence of or only mild dermoepidermal junction involvement. Mucin deposition is



Figure 1. Tumid lupus erythematosus.

demonstrated throughout the papillary and reticular dermis.

It can be difficult to distinguish from polymorphous light eruption, localized mucinosis, reticular erythematous mucinosis, pseudolymphoma and lymphocytic infiltrate of Jessner; clinicopathologic correlation is important. TLE is negative for direct immunofluorescence.

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The chronic, benign course indicates that TLE be classified as a form of chronic cutaneous lupus, although it may be a cutaneous feature of systemic lupus.

Phototesting has been reported to reproduce the lesions. Potent topical steroids may be tried, but monthly intralesional triamcinolone (5 mg/ml) appears to be most helpful. Less commonly, oral steroids or antimalarials may be considered. Sun protection should be strongly advised.

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