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DISCOID LUPUS ERYTHEMATOSUS OF THE LIP- A CASE STUDY

GYAN PRASAD BAJGAI[1*], PEMA YANGZOM[2], TSHERING DEMA[3]

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Abstract

Discoid lupus erythematosus (DLE) is the commonest type of cutaneous lupus erythematosus that usually presents with involvement of oral mucosa and skin. Oral mucosal lesions of DLE are usually found in along with skin lesions. Discoid lupus erythematosus is an auto-immune disease commonly affecting the areas of skin exposed to the sun. Patients with DLE have increased levels of plasma-cytoid dendritic cells -derived interferon-α, which mediates both loss of immune tolerance to self-antigens and exaggerate inflammatory state. Timely diagnosis of mucosal DEL can protect from complications like squamous cell carcinoma (SCC), however it requires an advanced index of suspicion among patients having such lesions. Discoid lesions of the lip usually present as red and/or white plaques, with striations and/or telangiectasia. Photosensitivity and the long-standing immune-mediated chronic inflammation are a trigger for cancerous transformation in DLE. Early and timely diagnosis is important in management of DLE.

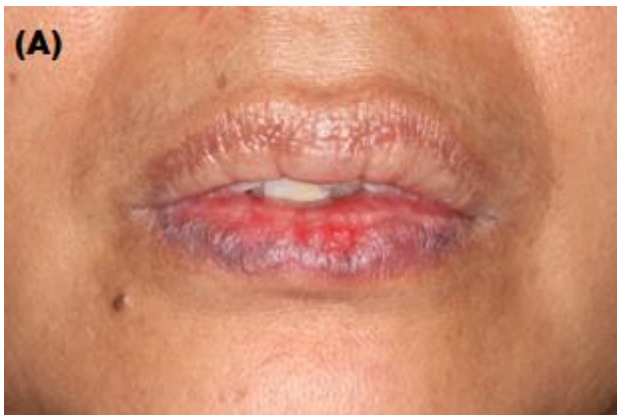
Keywords: Discoid lupus erythematosus, Lip, Woman, Chronic, Auto-immune.

1. INTRODUCTION

Discoid lupus erythematosus (DLE) is the most common type of chronic cutaneous lupus erythematosus (1). The lesions of mucosa in DLE are commonly found in conjunction with skin lesions(2). Lips are the common sites of DLE, lower lip being the commonest (3). Discoid lupus erythematosus is an auto-immune disease commonly affecting the areas of skin exposed to the sun (4, 5). It is an auto-immune disease, and it is often associated with photosensitivity (6). The exact etiologic mechanism is not known, however, genetic, hormonal, environmental factors, and immune abnormalities have been suspected to cause the disease (7). Of late, DLE has also been reported associated with vaping or use of electronic cigarette (4). DLE may be localized or widespread with more predilection to females than males (6). The course of the disease follows periods of exacerbation and remission depending on the body's immune response and treatment given (2). A proper skin biopsy technique and interpretation of histopathological results are important in differentiating the causes of lower lip symptoms (3). Untreated cases of DLE may progress to squamous cell carcinoma (SCC) (5, 6). Scalp, lips, ears or nose become atrophic and hypo-pigmented (6). These areas when exposed to the sun for a prolonged duration are at the highest risk of malignant transformation (5, 6).

2. CASE REPORT

We are reporting this case of a 53-years old woman who visited our clinic with complain of pain and burning sensation of the lower lip. This case surfaced the diagnostic challenges faced in a resource constrain facility. The woman suffered this for more than 10 years and the symptoms increased while eating hot and spicy food. She informed that a biopsy was done from the lip 5 years ago but the result was inconclusive. Ever since, she used Triamcinolone Acetonide 0.1 % ointment 7-8 times/day but without any improvement. She revealed no history of any medical illness and her vitals were within the normal range. On extra-oral examination, there were no lumps, facially symmetry was maintained, there were no malar rashes as well but the lower lip was moderately erythematous with white lacy lines/striations and some areas of erosion. (Figure 1 (a) and (b). Intra-oral examinations revealed normal findings only (Figure 2 (a) and (b):



[1,2]Medicine Specialist, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan

[3]Dental Hygienist, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan

*Corresponding author email- gpbajgai@jdwnrh.gov.bt

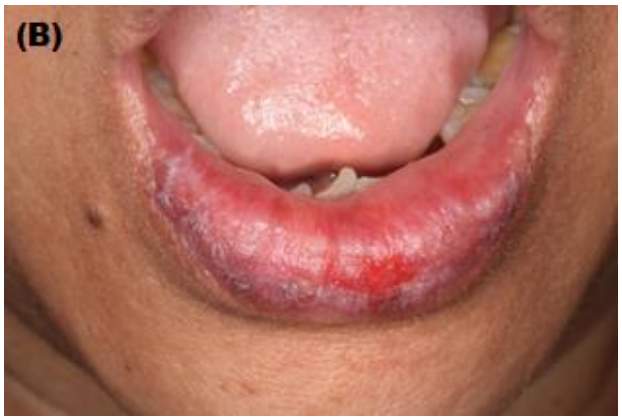


Figure 1 areas of erosion

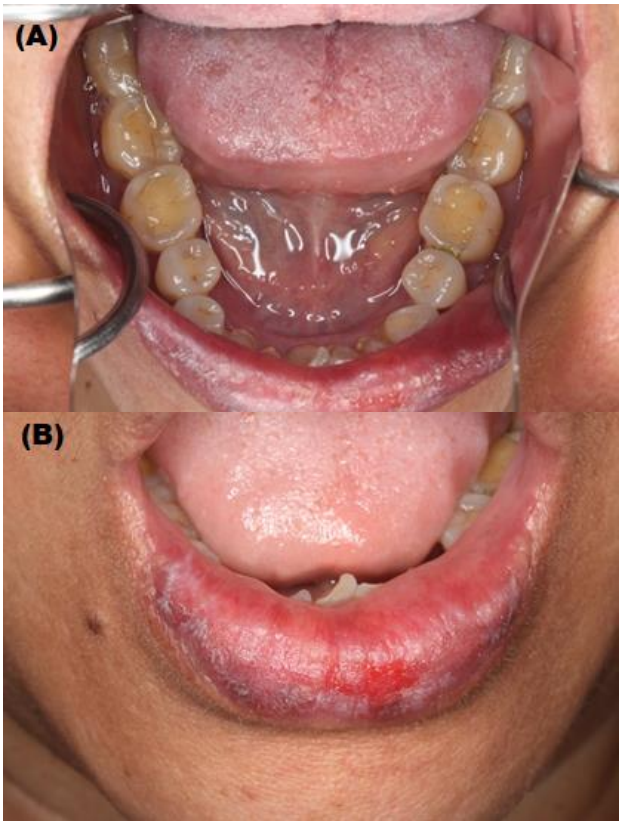


Figure 2 Intra-oral examinations

The diagnosis of the lesion, suspected DLE is obtained through biopsy and histopathological examination. However, the patient denied biopsy. After patient's denial of biopsy, we needed to look for alternate options and the case posed a big treatment challenge without proper diagnosis. A full blood count with LFT, RFT, ESR, ANA titre, Anti ds DNA, Anti Smith Ab and Urine analysis were advised.

Blood parameters were within normal range except for ANA titer. Anti-ds DNA, anti-Smith antibody could not be done due to unavailability of the facility. ANA titer is significantly raised i.e 1: 160 for both the speckled and fine titers (considered significant if more than 1:80) Reports shown as in (Figure 3 (a) and (b)).

With limited investigations and facilities. We treated the patient with Topical Betamethasone cream 0.05% twice daily on the lip for 1 month and followed up. At 1 month, the patient had improved symptomatically. The treatment was continued for another month and patient followed regularly.

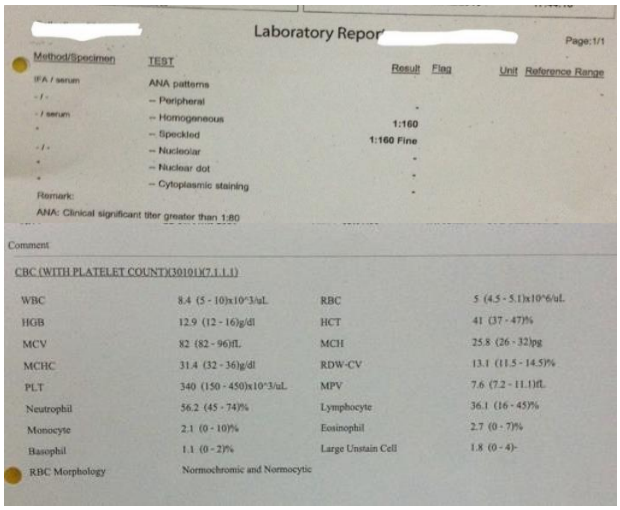


Figure 3 Reports

3. DISCUSSION

Early diagnosis of mucosal DLE prevents from scarring and progression to malignancy(8). Untreated DLE causes scarring, hair loss, and hyperpigmentation changes on the skin(6). Lesions of the lip usually present as red and/or white plaques which makes it very difficult to diagnose because auto-immune diseases like oral lichen planus and oral lichenoid lesions share similar features (1, 2, 8). The pathogenesis of DLE is multifactorial consisting of complex interactions between extraneous factors such as ultraviolet radiation (UVR), medicines, infections and associated stress (4, 5). The diagnosis of DLE is symptom-based and often requires a multi-disciplinary approach. The goal of treatment is remission or control of disease activity (2, 9). Treatment with the drugs available can clearly improve the short- and long-term prognosis of SLE. Antimalarial drugs are the main stay of treatment, however topical corticosteroids are used for just local involvement of skin or mucosa (2). A modern treatment strategy should comprise of both preventive and treatment of co-morbid conditions (9).

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