بسم الله الرحمن الرحيم

Connective tissue disease

Connective tissue disease include

- Lupus erythematosus
- Systemic sclerosis
- Dermatomyositis
- Rheumatoid arthritis

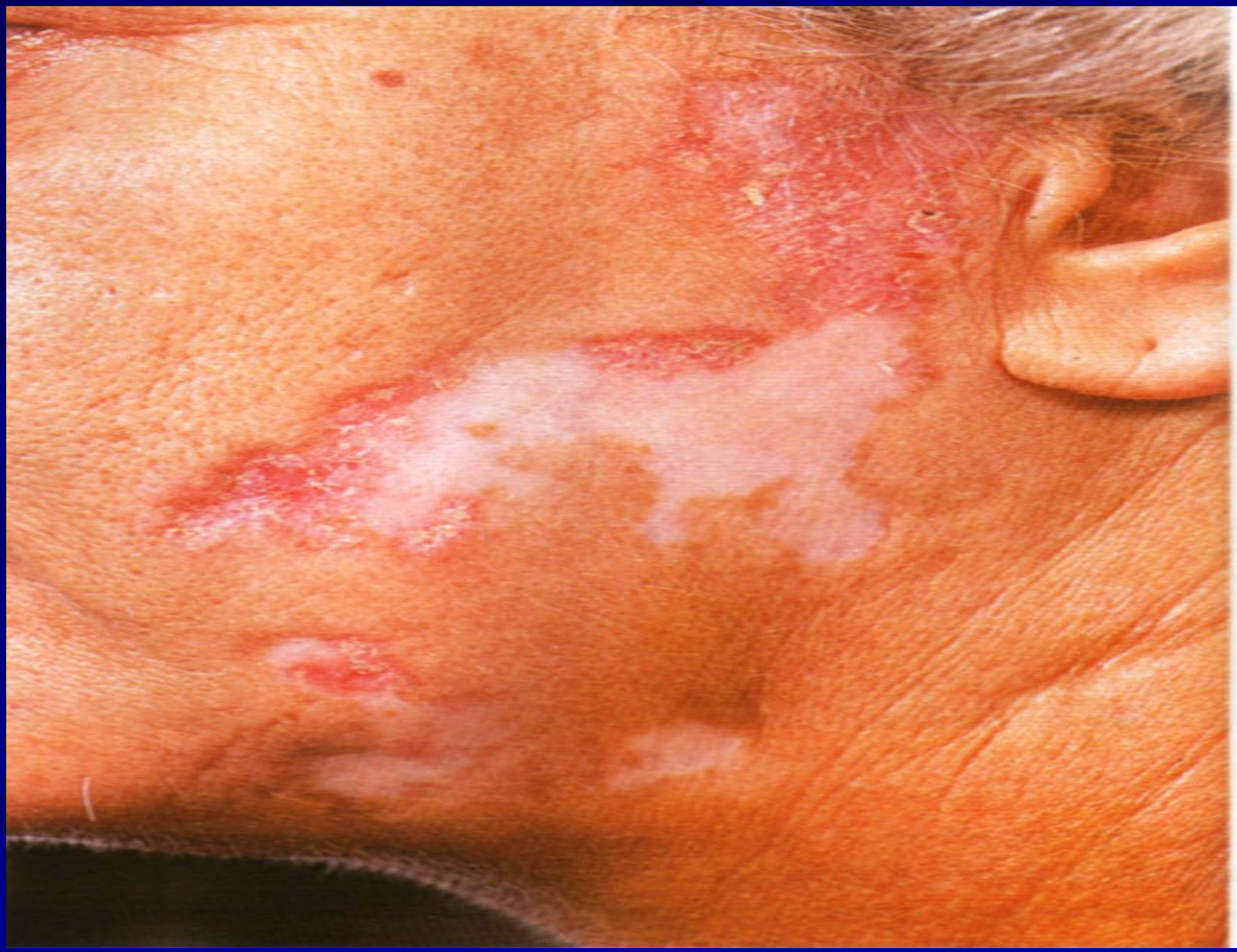
Lupus erythematosus

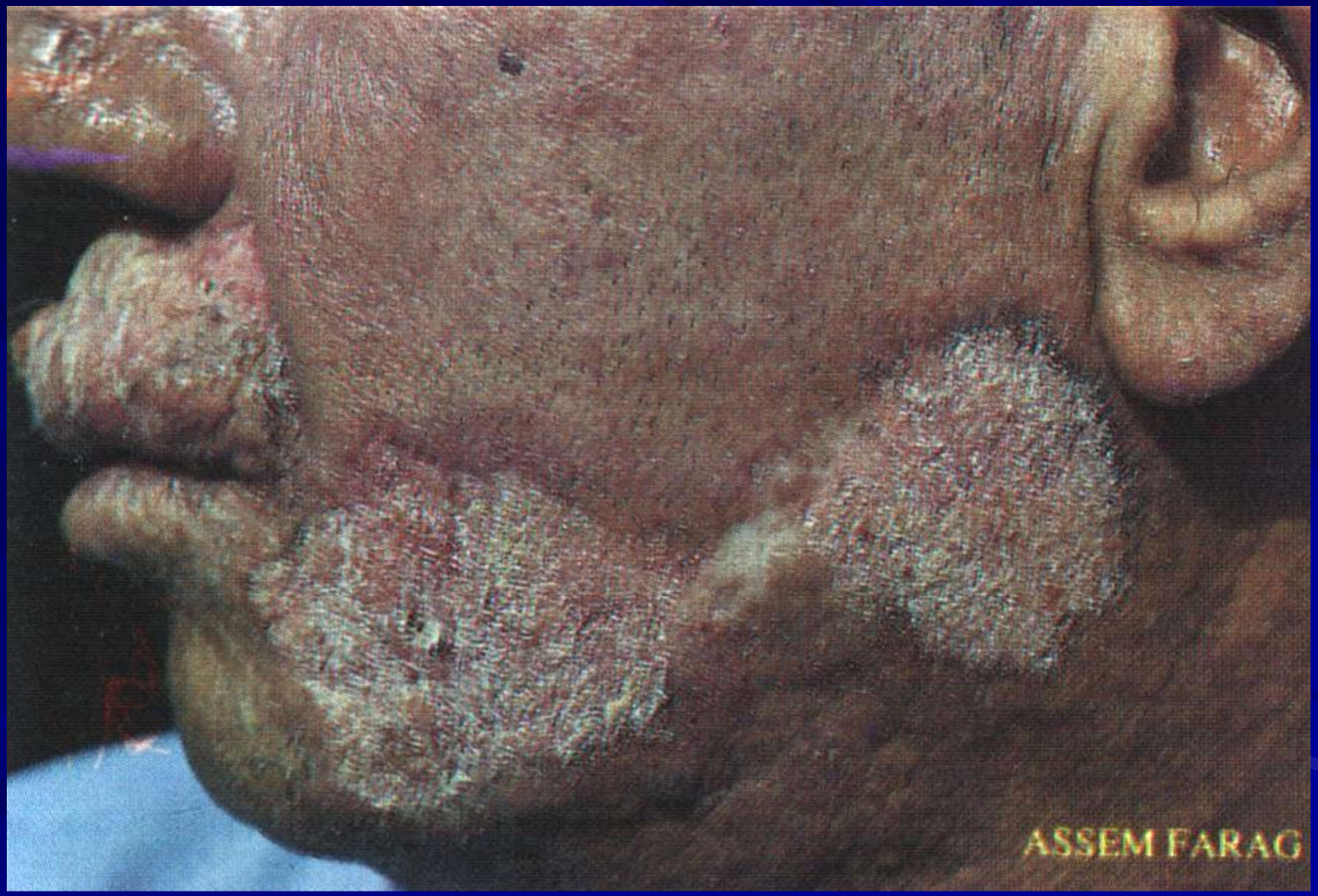
Lupus erythematosus is usually divided into two main types

- *Discoid lupus erythematosus*
- *Systemic lupus erythematosus*

Discoid lupus erythematosus

- Young adults
- Female to male ratio are 2 : 1
- Mainly in sun exposed areas, cheeks, bridge of the nose, ears side of the neck and scalp
- Well-defined erythematous patches covered with adherent scales extending into patulous pilosebaceous canals
- Atrophy, scarring and dispigmentation
- On scalp, cicatricial alopecia

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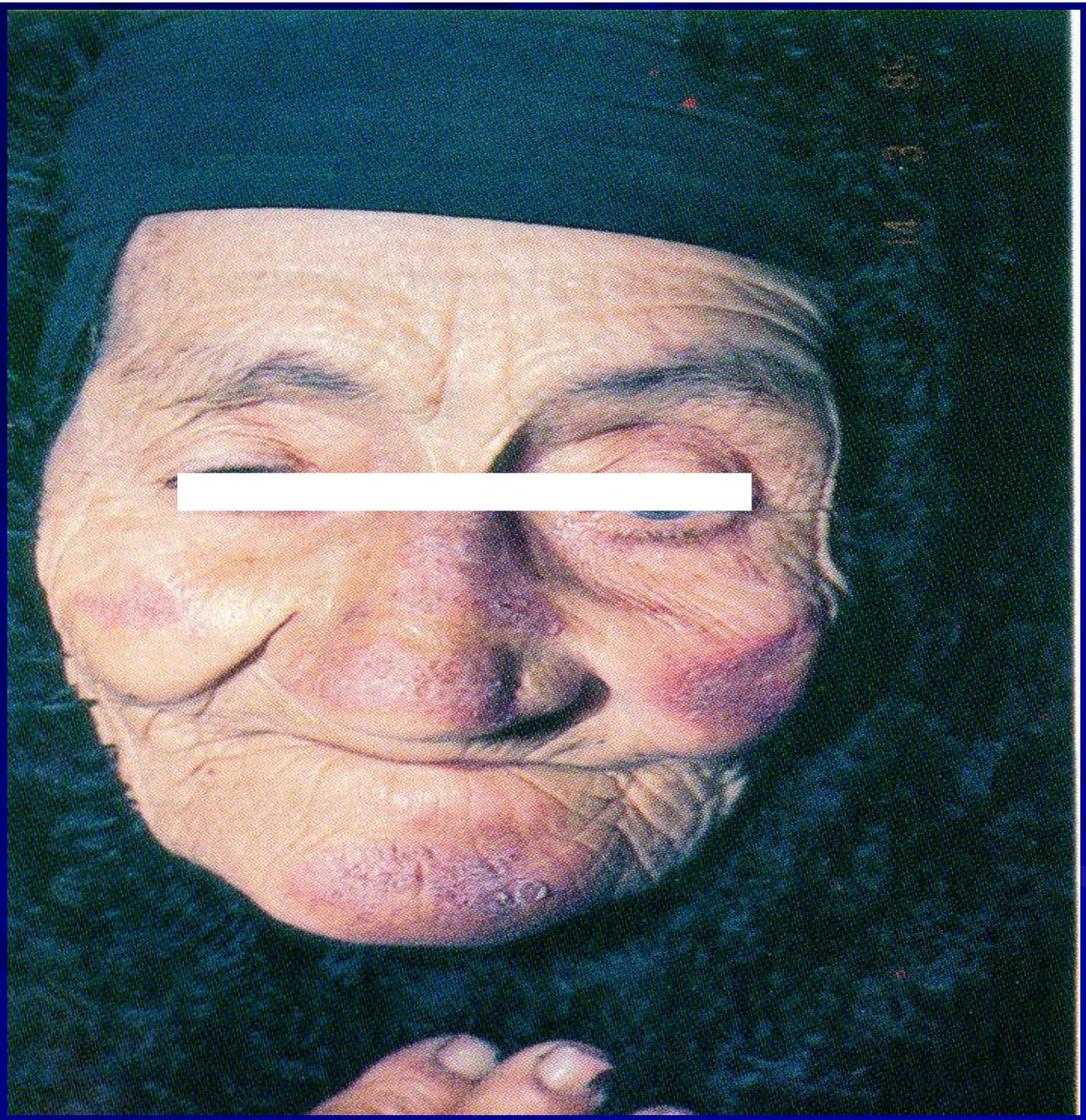

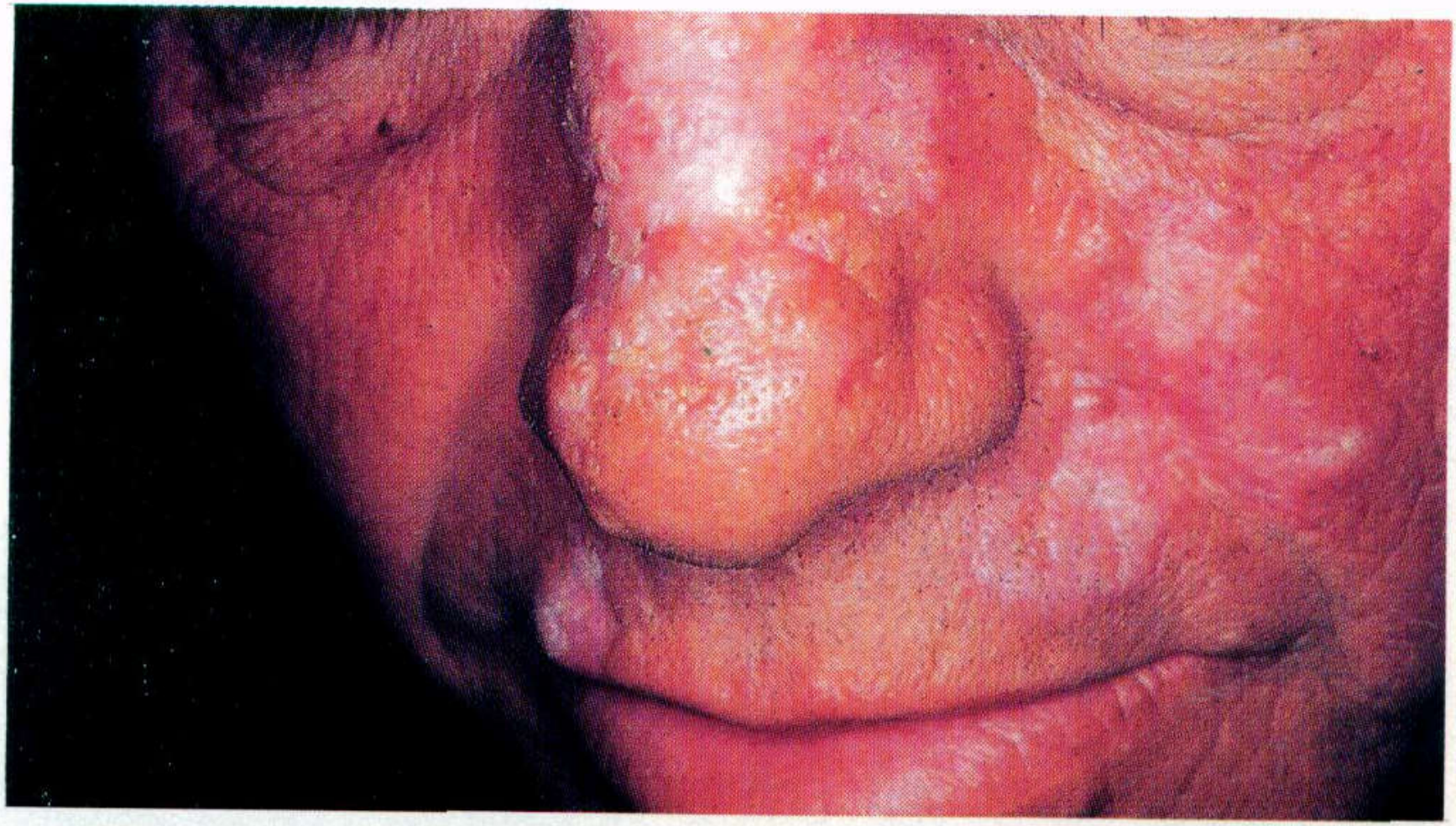

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Hypertrophic discoid lupus erythematosus with prominent adherent scale.

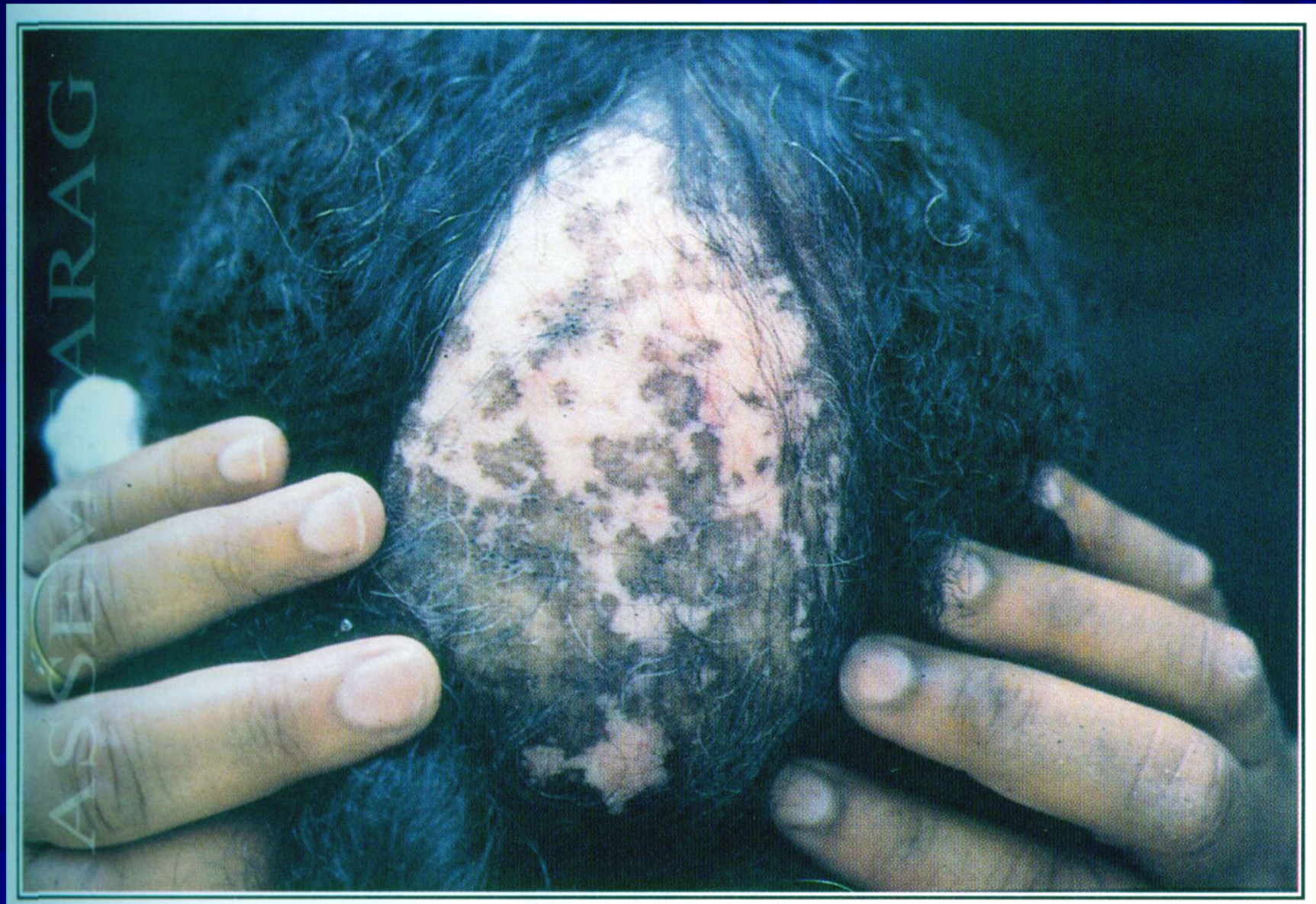
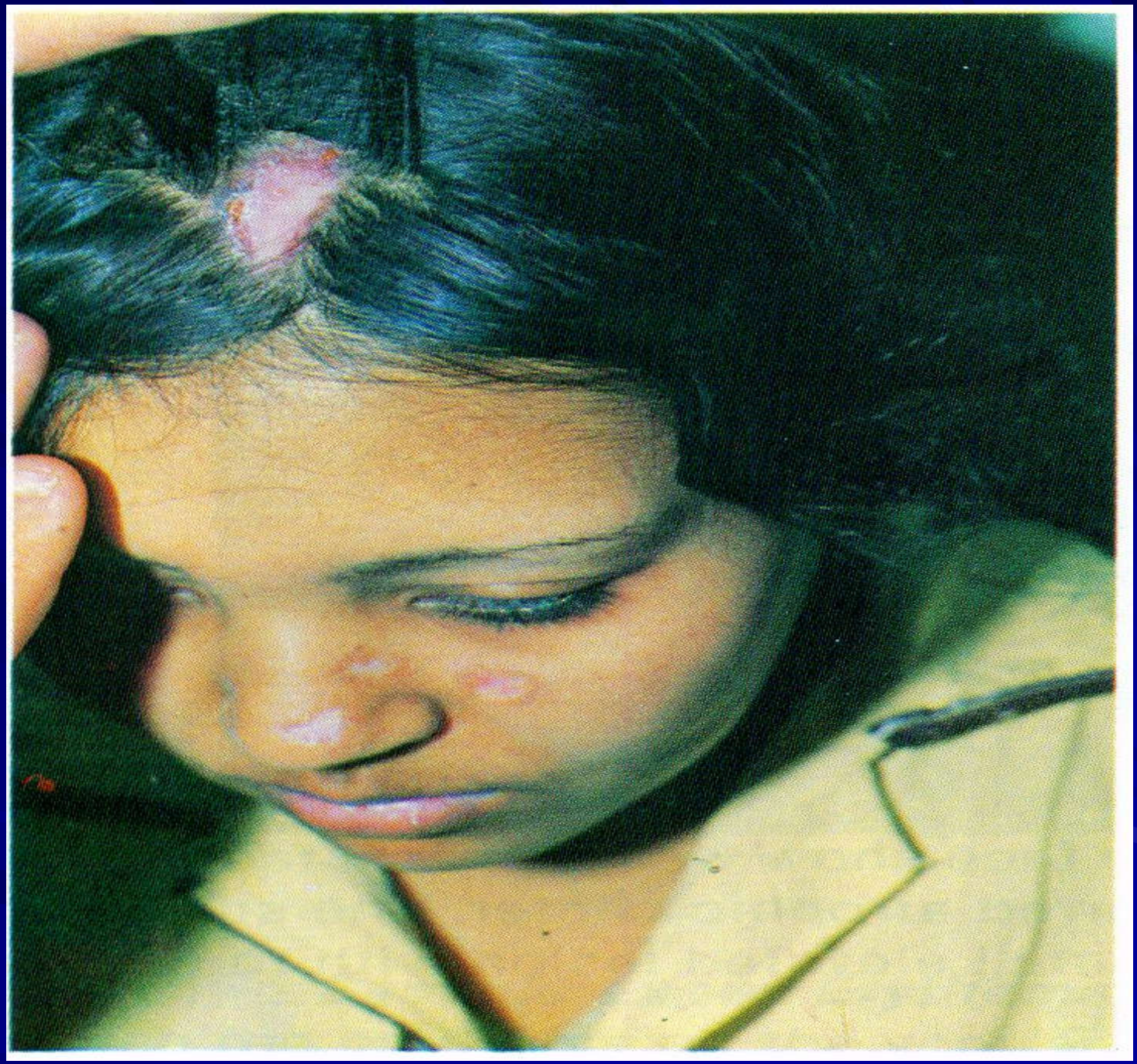
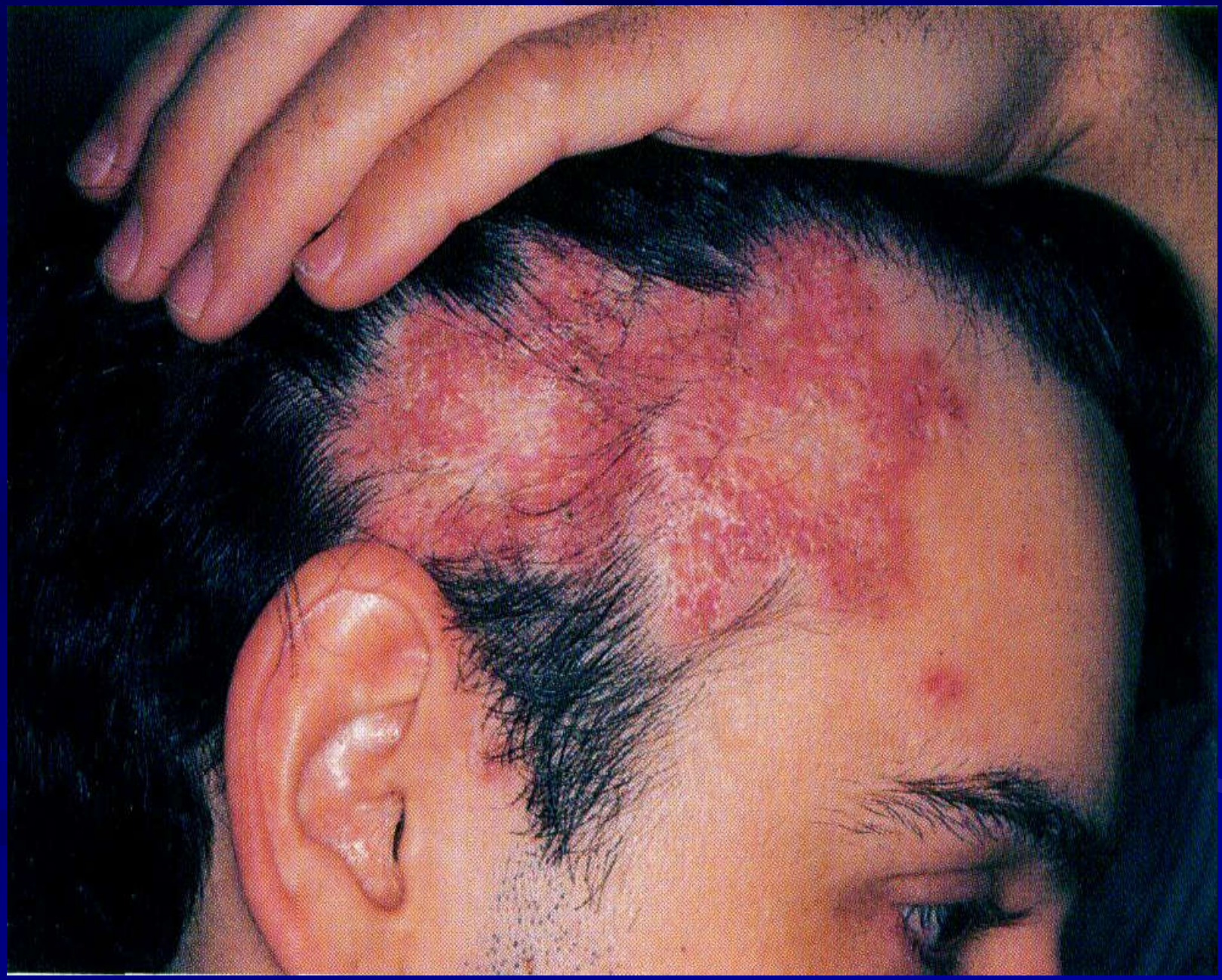
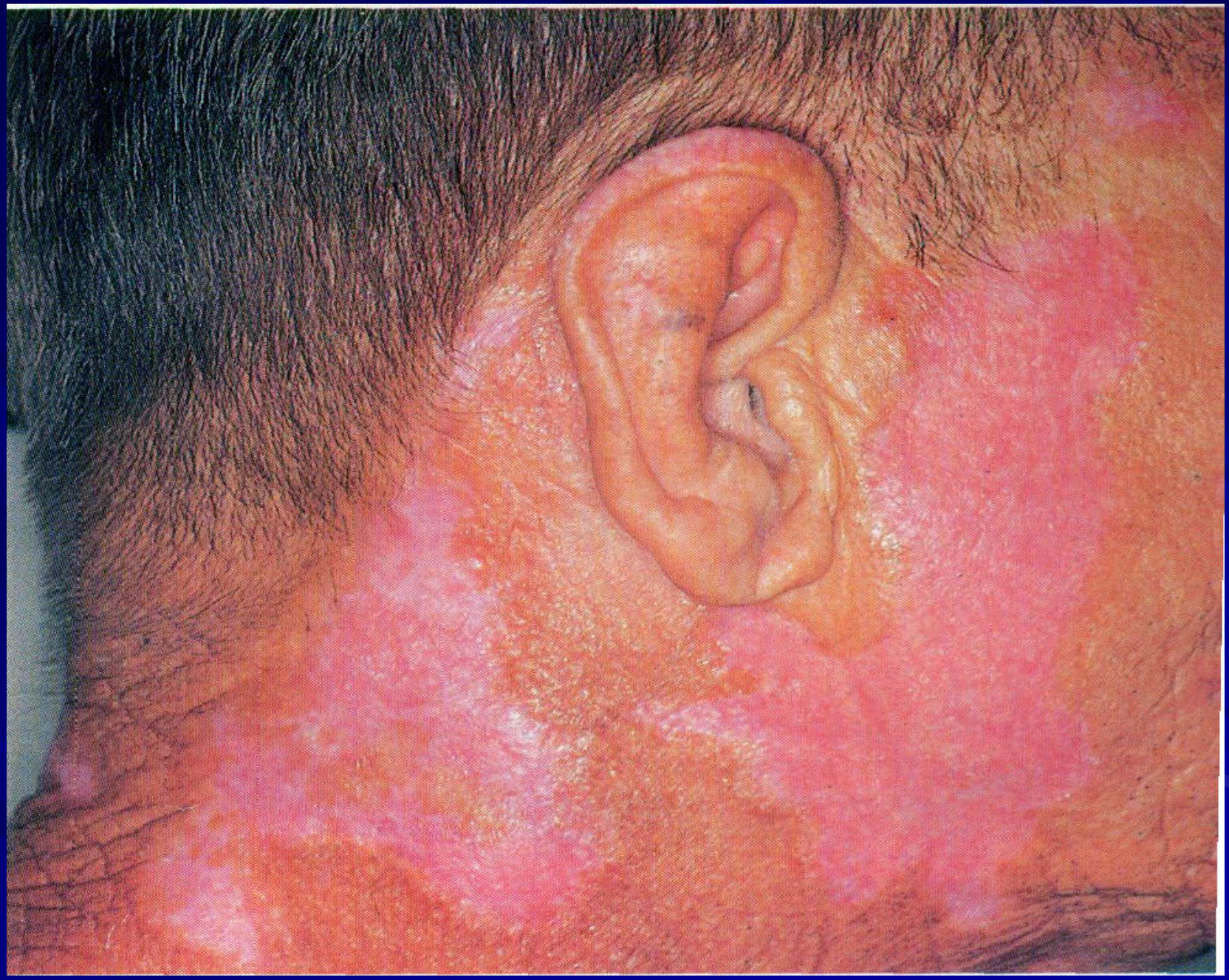


Fig. 33. Cicatricial alopecia due to chronic discoid lupus erythematosus:







Progression to SLE is uncommon

Spontaneous involution with scarring is common

Treatment

- Avoid of sunlight and the use of sunscreen
- Topical and intralesional injection of corticosteroids
- Oral antimalarials

Systemic lupus erythematosus

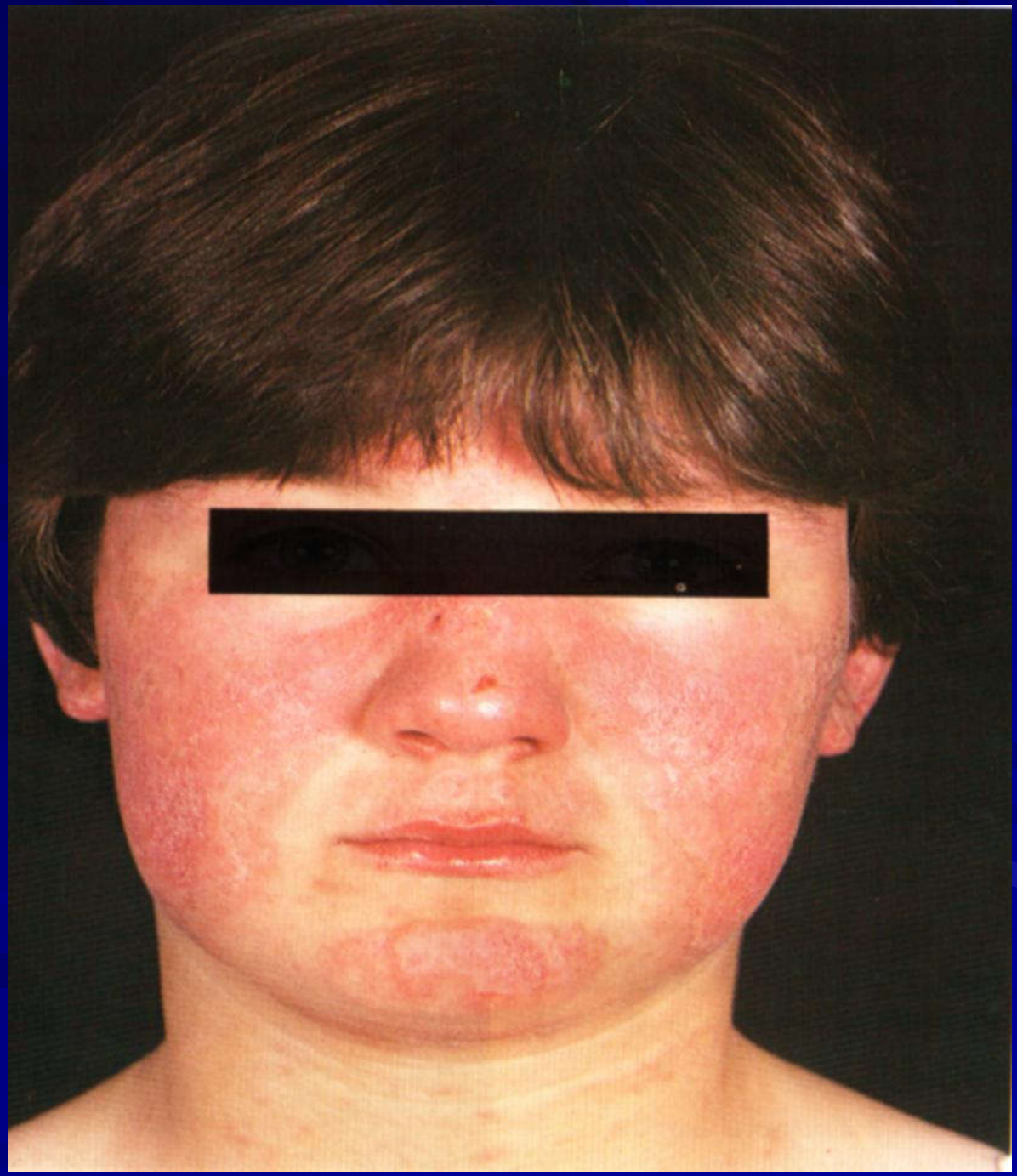
Definition:

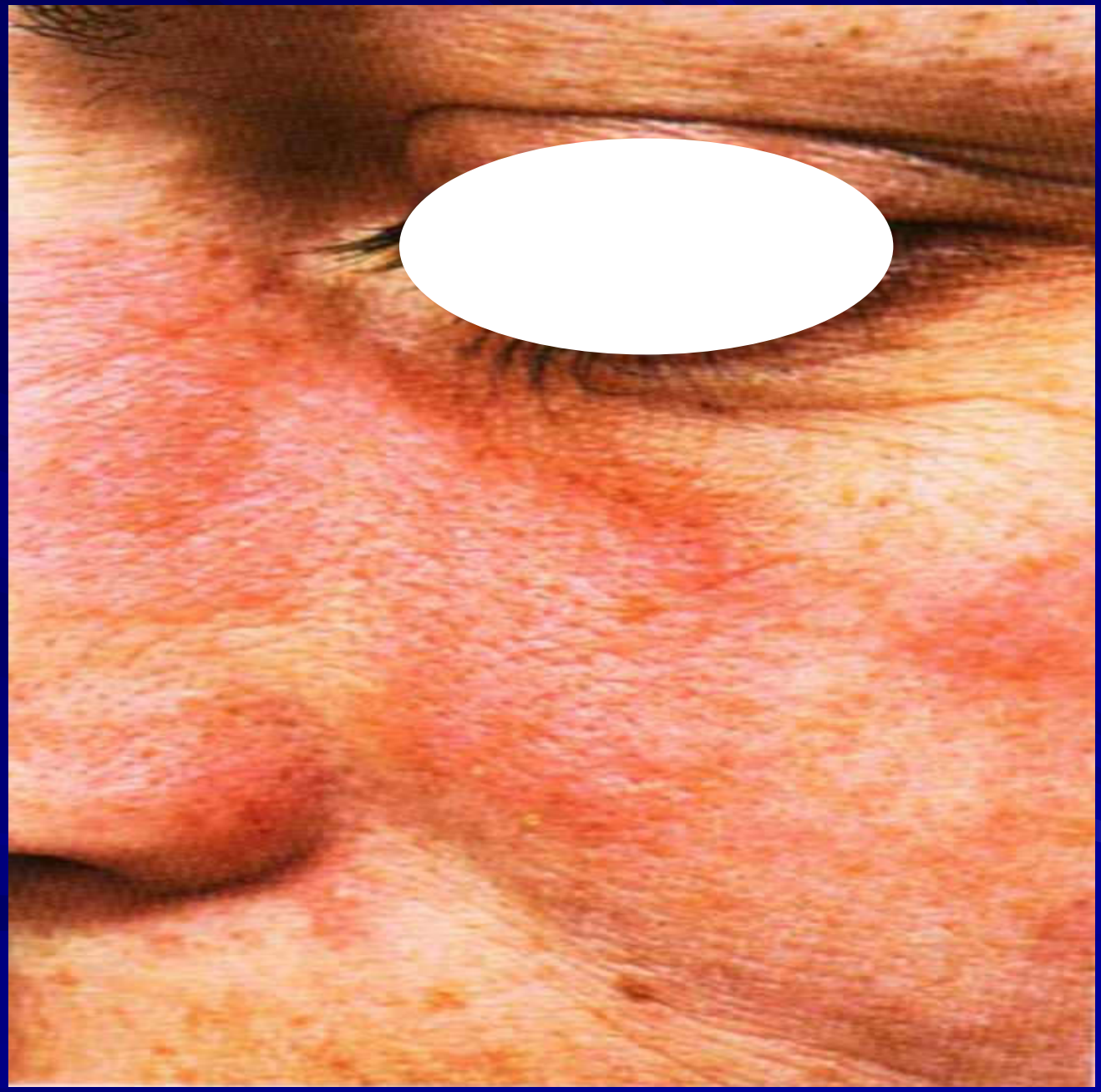
SLE is a systemic disease characterized by the association of immunological abnormalities with pathological changes affecting a number of organ systems, in particular the skin, joints, and vasculature

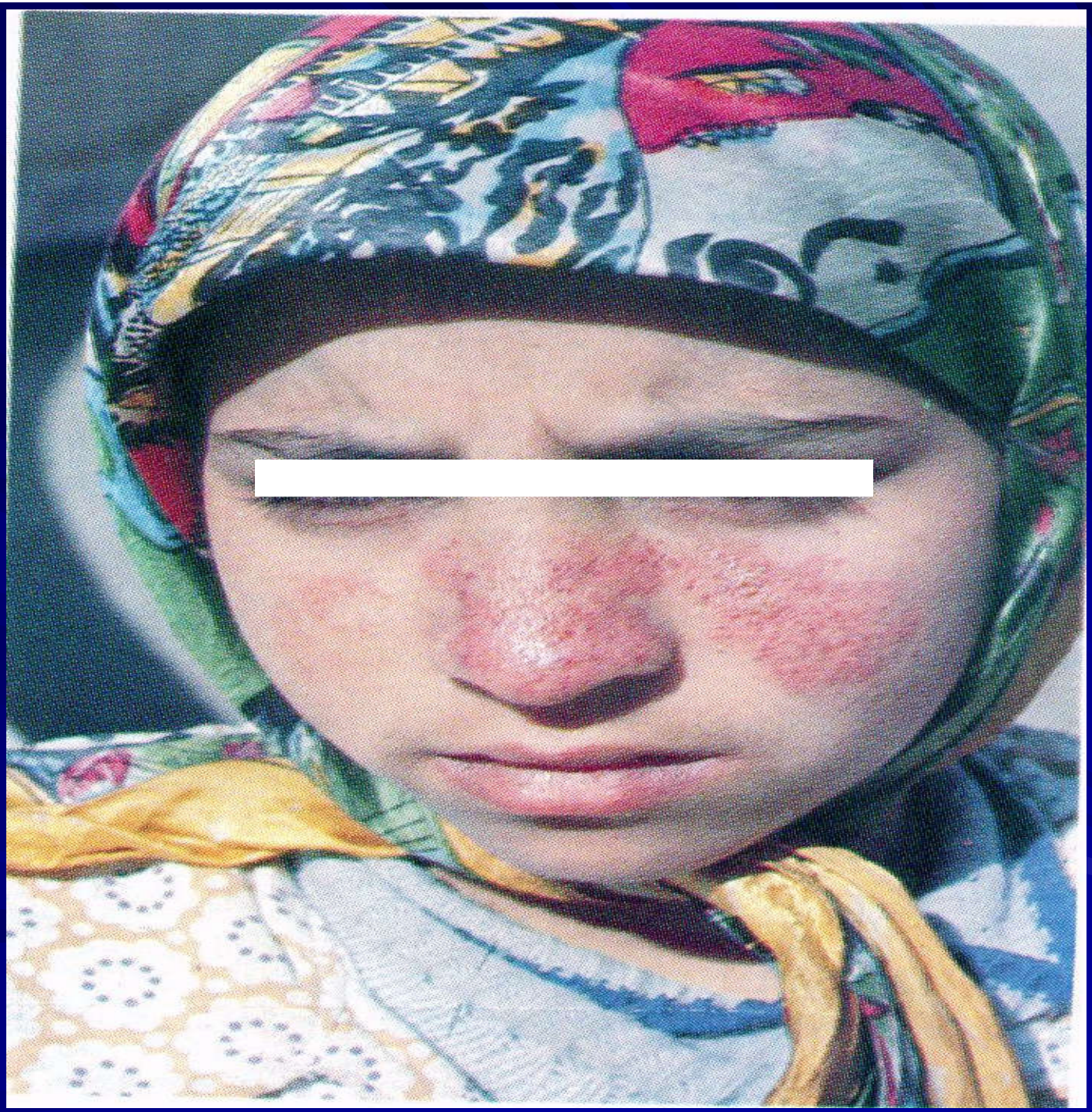
Clinical picture:

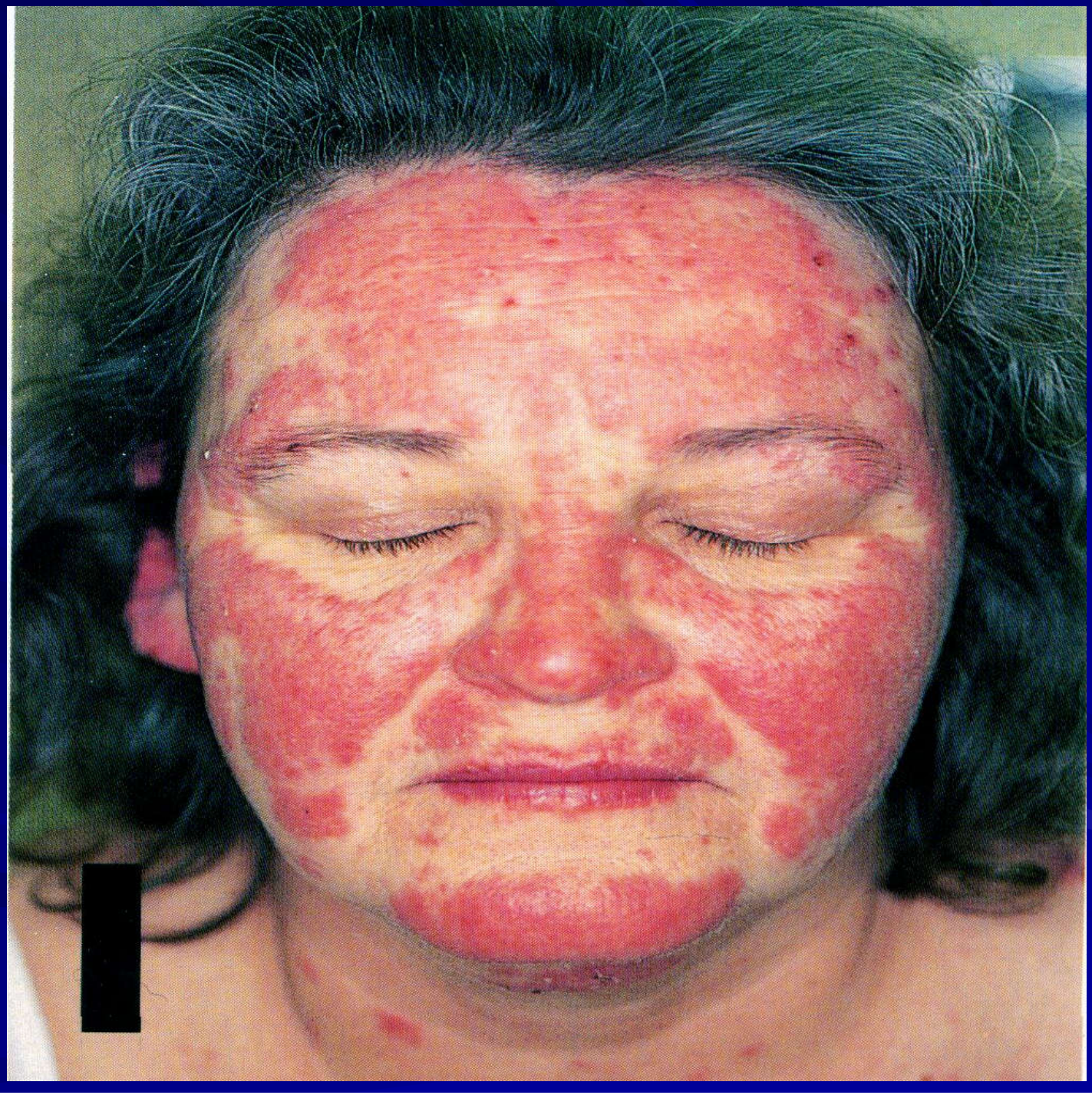
- Young adults
- Female to male ratio are 8 : 1
- Fever, rashes, arthritis, renal, pulmonary, cardiac and neurological disease.
- Skin involvement occurs in 80% of cases
- Constitutional manifestations in form of fever, weight loss, anorexia, malaise and joint pain

- Cutaneous lesions are varied
  - * Butterfly erythema, bullous lesions
  - * Vascular lesions as erythema and telangectasia of the fingertips, toetips, palms and soles
  - * Diffuse nonscarring hair loss
  - * Mucous membrane lesions e.g. conjunctivitis, nasal and vaginal ulcerations, oral hemorrhages and ulcerations
  - * Leg ulcers and petechiae









Laboratory findings:

- **Blood: Anemia, leukopania, thrombocytopania, and raised ESR**
- **Urine: Albuninuria, hematuria and casts**
- **Raised serum globulin, false positive serological tests of syphilis, and low levels of serum complement.**
- **Antinuclear antibodies are detected in 80 % of cases**

- Anti-double stranded DNA are almost always present in active disease
- Lupus band test. DI is positive in more than 75 % of involved and un involved skin in SLE and involved skin only in DLE
- LE cell test: Specific but not sensitive.

Treatment:

- Bed rest in acute cases
- Salicylates or non-steroidal anti-inflammatory drugs
- Oral antimalarials
- Systemic steroids
- Immunosuppressive drugs


Thank you