

Abstract N°: ID-1466

Topic: Autoimmune disorders

Lupus erythematosus–lichen planus overlap syndrome

Ofeliya Kercheva*[1], Kamelia Kukova[1], Dimitrina Serafimova[1], Elia Valeva[1], Slavyan Tamnev[1], Snejina Vassileva[1], Kossara Drenovska[1]

[1]University Hospital "Alexandrovska", Medical University – Sofia, Sofia, Bulgaria, Department of Dermatology and Venereology, Sofia, Bulgaria

Introduction
Lichen planus and cutaneous lupus erythematosus are chronic immune-mediated inflammatory dermatoses with heterogeneous clinical and histopathological presentations. Both conditions may mimic each other and, in rare cases, may coexist as an overlap syndrome, causing significant diagnostic difficulties. The objective of this report is to present a rare case of lupus erythematosus–lichen planus overlap and to emphasize the importance of the clinicopathological correlation.

Materials and Methods
We report a 69-year-old woman admitted for diagnostic clarification of a chronic pruritic dermatosis. The patient complained of widespread, intensely itchy skin lesions of a several-month duration. Her medical history was notable for ischemic stroke, post-traumatic epilepsy, and multiple comorbidities. Upon dermatological examination, the skin lesions were symmetrically distributed over the dorsal aspects of the upper and lower extremities, trunk, and partially the chest, consisting of multiple round to irregularly-shaped hyperkeratotic and verrucous plaques with erythema and hyperpigmentation in the peryphery. Dyschromic patches with predominant leukoderma and a few ulcerated verrucous plaques involved the dorsal hands. Routine laboratory investigations, extended immunological tests, skin biopsies for histopathology, and multidisciplinary consultations were performed.

Results
Laboratory investigations demonstrated high-titer antinuclear antibodies (ANA >1:1280) and positive anti-dsDNA antibodies. Histopathological examination revealed features consistent with both lupus erythematosus and lichen planus. Direct immunofluorescence (DIF) on lesional skin demonstrated numerous ovoid IgM deposits within the papillary dermis along the dermoepidermal junction. The pattern is compatible with either lupus erythematosus or lichen planus. Based on the clinical, histological, and immunological findings, a diagnosis of lupus erythematosus–lichen planus overlap syndrome was suggested. Treatment with methylprednisolone 20mg/24h, chloropyramine hydrochloride 1amp/24h, topical keratolytics and corticosteroids resulted in clinical improvement of the skin lesions.

Conclusions
The presented case confirms the rarity and diagnostic challenge of lupus erythematosus–lichen planus overlap, particularly in their hypertrophic variants, with only a few cases reported in the literature. Clinically, the patient had lesions compatible with both dermatoses, although the intense pruritus was interpreted as a feature characteristic of lichen planus rather than lupus erythematosus. Histology showed overlapping features of both entities, and DIF further provided crucial confirmatory evidence. The coexistence of these disorders - an uncommon clinical phenotype with mixed histopathological and immunopathological findings, underscores the need for thorough clinicopathological correlation to achieve an accurate diagnosis and administer appropriate therapy for simultaneous control of both conditions.

POWERED BY M-ANAGE.COM