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A Clinical Case Report on Discoid Lupus Erythematous

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ABSTRACT:
Women are around ten times more likely than men to get SLE. The prevalence of isolated cutaneous lupus erythematosus (CLE) is somewhat greater than that of systemic lupus erythematosus (SLE) across Europe and the US, ranging from 4-4.3 cases per 100,000 people (approximately 3 cases per 100,000 population).Author presented a 60-year-old female who came to a tertiary care hospital with the chief complaint of red-colored lesions on the scalp, lower back, and upper limb in the last 3 months, fever rashes on the body, and pain Sensitivity to light (photosensitivity) in the last 3days. The patient had a history of difficulty in eating food and a history of drug intake before the onset of the lesion. All necessary investigations carried out history collection, and physical examination found that cutaneous multiple erythematous plaques are present on the scalp with crusting and scaling. Blood investigation has done HB 10% which decreases, Red Blood Cells - Normocytic hypochromic. Adequate Platelets saw in the smear. anti-nuclear antibodies 1.172. skin biopsy shows diagnosed Discoid lupus erythematous. Cutaneous examination: multiple erythematous plaques are present on the scalp with crusting and scaling hyperpigmented plaques with crusting is present on the back. ANA (Anti-Nuclear Antibodies) reports - 1.172(detectable) positive. After that dermatologist diagnosed Discoid lupus erythematous and started treatment according to symptomatic. Tab Omnacortil 40 mg for 7 days, Tab HCQ 200 mg for 8 days, Tab pan 40 mg for 8 days, Tab vitcofol Hb for 6 days, Tab OSTEOFOS 70mg once a week with 2 glasses of water, Tab shellac 500mg for 2 days, Cap daily shine 60kiu Once a week, L/a clop g cream for 7 days (back, upper limb), L/a solvate ointment (scalp, back, UL) for 4 days, L/a Fusirose lotion (on the scalp) for 8 days L/a pp soaks for 1 (over scalp lesion)for 8 days. After that patient is discharged and the doctor advises follow-ups in Dermatology OPD. The patient's general condition improvedand is stable.

Keywords: Discoid lupus erythematosus, Anti-Nuclear Antibodies,Hyperpigmentation,hyperkeratotic surface, Photosensitivity, Necrosis.

INTRODUCTION:

The multisystem condition lupus erythematosus primarily affects the skin. Skinny lupus comes in various forms. Subacute cutaneous lupus, Acute cutaneous lupus (ACLE), and discoid lupus are the three most prevalent kinds (DLE). The most popular types of cutaneous lesions in lupus erythematosus were described by Dr. James Gilliam. Gilliam divided skin non-specific and specific skin categories based on whether interface dermatitis was seen during aninvestigation. DLE is the most widespread chronic lupus erythematous subtype. While lesions are usually picture spread or had a tendency to have consequentscarring or atrophy, these clients may or may not experience photosensitivity. The majority of DLE patients have mild to moderate systemic illness. Twenty percent of clients throughlupus erythematous subtypes may also experience DLE as a symptom.[1]

It is an autoimmune illness that affects the connective tissues and causes inflammation. It is caused by a lack of immunological tolerance and is characterized by immune complexes and pathogenic autoantibodies.Contrary to complete lupus erythematosus, CDLE is characterized by cutaneous inflammatory penetrates that are dominated by Th1 cells rather than Th17 cells. However, the etiology of CDLE is not known to involve circulating inflammatory cells and autoantibodies.[2]

The most prevalent type of chronic cutaneous erythema is known as DLE, and it can manifest locally (80% of the time), bythe ears, scalp, or face and disseminated (20%), or below the neck. The chance of developing SLE increases by up to 28% in the diffused form of it, particularly after it affects the trunk. The presence of discoid lesions on the lower part of the neck without lesions and the upper part of the neck is rare. On conjunctiva, nasal mucosa, lips or vaginal mucosa discoid lesions can occasionally form. A photo distribution is present in certain clients through discoid lesions. It appears that when sun exposure contributes to the growth of lesions. However, there is no conclusive evidence linking sun exposure to the development of discoid lesions in people who have sun-protected skin.The initial morphological symptom of it is a definite, annular erythematous patch or plaque of different sizes, which is followed by an adherent skin condition called follicular hyperkeratosis.The "carpet tack sign" is made visible by eliminating the adhering scale, which reveals keratotic spikes that are the size of hair follicles.The lesions leave behind depressed core atrophy, scarring, telangiectasia, and hypopigmentation as they steadily enlarge with active inflammation and hyperpigmentation at their perimeter. DLE has the potential to lead to permanent scarring alopecia on the scalp.[3]Squamous cell carcinomas are rare;however, they can occur in 2 to 3 percent of long-lasting discoid lesions and are frequently indicative of a bad prognosis. Even while arthralgias may be present in discoid lesion patients when they first show, only 10 to 20 percent of these individuals eventually match the criteria for SLE. Hypertrophic Discoid Lupus erythematosus is an infrequent form of Discoid Lupus erythematosus that is present by verrucous hyperkeratotic plaques.[4]

CASE PRESENTATION:

The author presented a 60-year-old female who came to the tertiary care hospital with a chief complaint of red-colored lesions on the scalp, lower back, and upper limbin the last 3 months, fever rashes on the body, pain Sensitivity to light (photosensitivity) in the last 3days. The patient had a history of difficulty in eating food and a history of drug intake before the onset of the lesion. All necessary investigations carried out history collection, and physical examination found that cutaneous multiple erythematous plaques are present on the scalp with crusting and scaling. Blood investigation has done HB 10% which decreases, RBCs - Normocytic hypochromic. Platelets - Adequate on smear. No Haemoparasite seen. Urine examination done urea17, Creatinine 0.8, Sodium (Na+) 138, Potassium (k+) 4.4. RBS-Glucose-Plasma Random 86, anti-nuclear antibodies 1.172.skin biopsyshows diagnosed Discoid lupus erythematous. Cutaneous examination: multiple erythematous plaques are present on the scalp with crusting and scaling hyperpigmented plaques with crusting is present on the back. ANA(Anti-Nuclear Antibodies) reports - 1.172(detectable) positive. Ophthalmic call I/V/O HCV therapy, ADV: fundus examination is normal. After that dermatologist diagnosed Discoid lupus erythematous and started treatment according to symptomatic. Tab Omnacortil 40 mg for 7 days, Tab HCQ 200 mg for 8 days, Tab pan 40 mg for 8 days, Tab vitcofolHb for 6 days, Tab OSTEOFOS 70mgonce a weekwith 2 glasses of water, Tab shellac 500mg for 2 days, Cap daily shine 60kiuOnce a week,L/a clop g cream for 7 days [back, upper limb], L/a solvate ointment (scalp, back, UL) for 4 days, L/a fusirose lotion[on scalp] for 8 daysL/a pp soaks for 1 [over scalp lesion] for 8 days. The patient's general condition is stable. After that patient is discharged and the doctor advises follow-ups in Dermatology OPD.

DISCUSSION:

The most prevalent type of chronic cutaneous lupus erythematosus is DLE. Traditional Discoid Lupus erythematosus lesions start as tiny, reddish-purple plaques, papules, or macules that rapidly turn hyperkeratotic. The majority of individuals with untreated classic DLE lesions develop significant parts of scarring alopecia or cutaneous dystrophy which may have disturbing psychosocial effects.In this case, the author revealed that Upon examination, it was discovered that the face, scalp, and nose had erythematous, disc-like, scaly plaques that

were curative and had scarring or hypopigmentation. An evaluation of the histopathology confirmed the DLE diagnosis. For two weeks, topical steroids and antifungals were administered twice daily to the lesions.[6-14]
All lesions saw a significant regression after 2 weeks of treatment.Because DLE is regarded as a precancerous condition, follow-up is crucial and required every six months to discover systemic lupus erythematosus early and prevent scarring. The most recent developments in diagnostic standards and therapy have also been emphasized.[5]LET is the type of cutaneous lupus that is most susceptible to light, according to Kuhn. The most prominent clinical characteristics include erythematous, oedematous plaques that primarily manifest on sun-exposed zonesand 0rresolve without leaving scars or hypo/hyperpigmentation. Other factors for LET include distinctive histopathologic features and quick, efficient systemic antimalarial treatment in addition to the clinical appearance of the lesions.First, a perivascular and peri adnexal lymph histiocytic infiltrate in the superficial and deep dermis; second, mucin deposition in the dermis; and third, the absence of altered dermo-epidermal junction and epidermis, as opposed to lupus discoid erythematosus and SLE.[15-26]
One investigator revealed that the most common prevalent type of CLE is discoid lupus erythematosus.The aim of this was to assess the symptoms, lab results, or prognosis of Thai DLE clients as well as the risk issues for systemic lupus erythematosus in DLE patients (SLE). 130 DLE patients were examined backward between January 2002 and December 2007 in our study. 66 clients (58%) had a localized form of definitive DLE, with the face being the most commonly affected area (52.3 percent). Out of 130 patients, 59 (45.4%) met the American College of Rheumatology's SLE criteria. 27 out of 59 clients(forty-five percent) had discoid lupus erythematosus, which was identified before the finding of SLE. In this group of individuals, 50% would advance and develop SLE two years after the condition started. In our investigation, the most statistically significant factor for separating clients with only discoid lupus erythematosus lesions from those who would develop SLE was the presence of antinuclear antibodies (ANA). Even after extensive follow-up, 71 patients (54.6%) had just cutaneous lesions and did not meet the criteria for SLE. When compared to data from Caucasians, our research showed a larger percentage of ANA positives, less photosensitivity, but additional SLE development uniform with similar risk variables.[27-30]
One of the researchers discovered that patients with a confined variety of DLE have a lower risk of developing the systemic disease than those with a broad variant. One of the reasons that may cause lupus erythematosus is pregnancy. There are only a few case report that present generalized discoid lupus erythematosus in pregnancy that has been published online. A 24-year-old woman who was between 31 and 32 weeks pregnant reported having dark, reddish spots that were accompanied by small scales, mildly itchy and minimally irritating since about two months prior on her forehead, chin, cheeks, and ears, chest, stomach, neck, back, and extremities. ANA profile with a successful outcome. The results of the thermoscopic and histological examination are consistent with discoid lupus erythematosus. The goal of treating DLE is to enhance the client'soverall health while controlling the lesions and preventing the emergence of new ones, as well as fetal growth anomalies, preterm birth, neonatal lupus, and fetal fatalities.[31]

CONCLUSION:

There are still a lot of unsolved questions about lupus. There is currently unknown management for this autoimmune condition, but there are numerous drugs that can be used to manage symptoms, control flare-ups, and keep the condition in remission. By educating patients, overseeing their therapy regimens, and recognizing avoidable drug-related adverse events, pharmacists and other healthcare professionals can play a crucial part in treatment. There is now ongoing research to enhance patient survival and quality of life for the numerous SLE patients affected annually. In general, prolonged corticosteroid therapy during pregnancy is safe for women with generalized DLE and SLE.

COMPETING INTERESTS: Nil
FINANCIAL RESOURCE OF THE STUDY: Self
CONSENT: Patient written consent had been taken.

REFERENCES:

1. Sharma RK, Sharma RK. Generalized pigmented lupus erythematosus-a new clinical Subset. Pigmentary Disorders. 2016;3(237):2376-0427.
2. Parveen N, Das DK, Haque FM, Haque MN. Cutaneous manifestations of systemic lupus erythematosus. Journal of Medicine. 2007;8(2):44-8.
3. McDaniel B, Sukumaran S, Koritala T, Tanner LS. Discoid lupus erythematosus. InStatPearls [Internet] 2021 Dec 6. StatPearls Publishing.
4. T Prakash A. *Clinicopathological study of discoid lupus erythematosus* (Doctoral dissertation, Madras Medical College, Chennai).
5. Chen X, Wang S, Li L. A case report of lupus erythematosus tumidus converted from discoid lupus erythematosus. Medicine. 2018 Apr;97(16).

6. Patsinakidis N, Kautz O, Gibbs BF, Raap U. Lupus erythematosus tumidus: clinical perspectives. Clinical, Cosmetic and Investigational Dermatology. 2019;12:707.
7. Metavee I, Kanokvalai K, Leena C, Papapit T, Sumrauy P. Discoid lupus erythematosus: description of 130 cases and review of their natural history and clinical course. Journal of Clinical Immunology and Immunopathology Research. 2010 Apr 30;2(1):1-8.
8. Walling HW, Sontheimer RD. Cutaneous lupus erythematosus. American journal of clinical dermatology. 2009 Dec;10(6):365-81.
9. Ambule, Kalyani, and Manjusha Mahakarkar. "Protocol on the Effects of Postnatal Exercises on Musculoskeletal Pain among Postpartum Women." Journal of Pharmaceutical Research International, October 23, 2021, 12–16. https://doi.org/10.9734/jpri/2021/v33i47A32985.
10. Ambule, Kalyani, Manjusha Mahakarkar, and Bali Thool. "HistopathSalpingo-Oophorectomy Cervical Moderate Dysplasia: A Case Report." Journal of Pharmaceutical Research International, October 25, 2021, 66–71. https://doi.org/10.9734/jpri/2021/v33i47A32990.
11. Amjad, Shaikh, Rajiv M. Borle, Mahalaqua Nazli Khatib, and Nitin Bhola. "Implications of Oral Squamous Cell Carcinoma to Submandibular Gland: A Systematic Analysis." Journal of Pharmaceutical Research International, July 1, 2021, 144–53. https://doi.org/10.9734/jpri/2021/v33i34A31834.
12. Andhale, Amol, Sourya Acharya, Kanchan Devde, and Samarth Shukla. "Disseminated Abdomino-ThroracicHydatidosis Presenting as Mediastinal Syndrome." Journal of Evolution of Medical and Dental Sciences 10, no. 23 (June 7, 2021): 1807–8. https://doi.org/10.14260/jemds/2021/373.
13. Andhale, Amol, Amol Bhawane, Sourya Acharya, Samarth Shukla, Akhilesh Annadatha, and VidyashreeHulkoti. "'Triple-Positive' Renal Limited Vasculitis Presenting with Rapidly Progressive Glomerulonephritis: A Case Report." Journal of Acute Disease 10, no. 2 (2021): 83. https://doi.org/10.4103/2221-6189.312215.
14. Annadatha, Akhilesh, Sourya Acharya, Dhruv Talwar, Sunil Kumar, and Anuj Varma. "Fatal Fulminant Hepatic Failure in a Case of Zinc Phosphide Poisoning: A Case Report." Journal of Pharmaceutical Research International, December 11, 2021, 18–22. https://doi.org/10.9734/jpri/2021/v33i54B33760.
15. Annadatha, Akhilesh, Dhruv Talwar, Sourya Acharya, Sunil Kumar, and Vivek Lahane. "Acute Chest Syndrome, Avascular Necrosis of Femur, and Pulmonary Embolism All at Once: An Unexpected Encounter in the First-Ever Admission of a Sickle Cell Patient." Cureus, September 1, 2021. https://doi.org/10.7759/cureus.17656.
16. Aradhey, Parag, Sunil Kumar, and Sourya Acharya. "Development and Validation of a Daily Monitoring Stroke Scale: A Three-Month Follow up Study." Journal of Pharmaceutical Research International, July 30, 2021, 175–80. https://doi.org/10.9734/jpri/2021/v33i39A32157.
17. Aradhey, Parag Rameshrao, JiwanKinkar, Neeta DilipGade, KedarTakalkar, and Tushar Patil. "Foot Drop: A Rare Post COVID-19 Complication." JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH, 2021. https://doi.org/10.7860/JCDR/2021/49087.15234.
18. Armarkar, Ashwini V., Divyani S. Mahure, Anita R. Pounikar, Rani T. Bhagat, and Dhanashri N. Nagare. "An Overview on the Biosynthetic Pathways and Medicinal Values of Secondary Metabolites." Journal of Pharmaceutical Research International, June 24, 2021, 100–114. https://doi.org/10.9734/jpri/2021/v33i33A31777.
19. Arriola, Carmen S., PiyaratSuntarattiwong, Fatimah S. Dawood, Giselle Soto, Prabir Das, Danielle R. Hunt, ChalinthornSinthuwattanawibool, et al. "What Do Pregnant Women Think about Influenza Disease and Vaccination Practices in Selected Countries." Human Vaccines &Immunotherapeutics 17, no. 7 (July 3, 2021): 2176–84. https://doi.org/10.1080/21645515.2020.1851536.
20. Athawale, Vrushali K., Dushyant P. Bawiskar, and Pratik Arun Phansopkar. "Rehabilitation of a Patient with Bell's Palsy." Journal of Evolution of Medical and Dental Sciences 10, no. 20 (May 17, 2021): 1551–54. https://doi.org/10.14260/jemds/2021/323.
21. Athawale, Vrushali, Pratik Phansopkar, Palak Darda, Neha Chitale, and AshviniChinewar. "Impact of Physical Therapy on Pain and Function in a Patient With Scoliosis." Cureus, May 26, 2021. https://doi.org/10.7759/cureus.15261.
22. Babar, Tejal K., Ashish W. Bele, Nivedita Chandrapal Singh, Mohd. Irshad Qureshi, Rakesh Krishna Kovela, and Chaitanya A. Kulkarni. "A Case Report of Comminuted Patella Fracture with Open Reduction." Journal of Pharmaceutical Research International, October 2, 2021, 1–5. https://doi.org/10.9734/jpri/2021/v33i45B32770.
23. Badjate, Divya, Pratik Phansopkar, and Neha Chitale. "Effect of Oculus Guided Physical Therapy in Adjunct to Conventional Therapy in Lateral Epicondylitis Patients." Journal of Pharmaceutical Research International, September 10, 2021, 191–96. https://doi.org/10.9734/jpri/2021/v33i43B32543.

24. Badwaik, Aditi, and Archana Maurya. "Effectiveness of Self-Instructional Module on Knowledge Regarding Selected Habit Disorders in Children among Mothers of Preschooler." Journal of Pharmaceutical Research International, November 1, 2021, 140–45. https://doi.org/10.9734/jpri/2021/v33i47B33104.
25. Badwaik, Nitesh Ganesh, Pankaj Gharde, and Meenakshi Yeola (Pate). "The Quality of Life of Inguinal Hernia Patient in India: The Application of Hernia- Specific Quality of Life Assessment." Journal of Pharmaceutical Research International, July 28, 2021, 337–45. https://doi.org/10.9734/jpri/2021/v33i38B32132.
26. Bagga, Ishwin Kaur, Swapna Jawade, and Neha Chitale. "Geriatric Physiotherapeutic Approach for Intertrochanteric Fracture- A Case Report." Journal of Pharmaceutical Research International, December 13, 2021, 44–48. https://doi.org/10.9734/jpri/2021/v33i55A33805.
27. Bais, Anjali, Simran A. Mishra, Palak P. Darda, and Pratik Phansopkar. "Impact of 6 Weeks Pilates Training on Menopause Specific Symptoms and Quality of Life in Menopausal Women: A Case Report." Journal of Pharmaceutical Research International, July 19, 2021, 83–89. https://doi.org/10.9734/jpri/2021/v33i37B32024.
28. Bais, Anjali S. "A Unique Case Report of Polyneuropathy with Lumbar Radiculopathy." Bioscience Biotechnology Research Communications 14, no. 6 (June 15, 2021): 87–94. https://doi.org/10.21786/bbrc/14.6.21.
29. Bali, Thool, Lokhande Shalini, A. Lalawmpuii, Ambule Kalyani, Shendre Vaishnavi, and WarghaneRoshani. "Case Report on Primary Infertility with Hypothyroidism and Diabetes Mellitus." Journal of Pharmaceutical Research International, December 15, 2021, 263–66. https://doi.org/10.9734/jpri/2021/v33i58B34202.
30. Bandela, Vinod, Ram Basany, Anil Kumar Nagarajappa, Sakeenabi Basha, Saraswathi Kanaparthi, Kiran Kumar Ganji, Santosh Patil, Ravi Kumar Gudipaneni, Ghazi Sghaireen Mohammed, and Mohammad Khursheed Alam. "Evaluation of Stress Distribution and Force in External Hexagonal Implant: A 3-D Finite Element Analysis." International Journal of Environmental Research and Public Health 18, no. 19 (September 29, 2021): 10266. https://doi.org/10.3390/ijerph181910266.
31. Bankar, Nandkishor, Gangaram L. Bhadarge, Neha Bhatt, and Rakesh Kumar Jha. "Study of Haematological and Biochemical Parameters of COVID-19 Patients in ICU and in Ward." Journal of Pharmaceutical Research International, December 15, 2021, 442–48. https://doi.org/10.9734/jpri/2021/v33i58A34136.