Bullous systemic lupus erythematosus

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A 37-year-old woman, with no medical history presented with bullous lesions for about 2 weeks. She also complained of arthralgia about 2 months ago, fatigue and weight loss of 10 kg. Physical examination revealed a malar rash and blisters affecting the abdomen and upper limbs (Figures 1 et 2). The blood tests revealed neutropenia (leukocytes 3300/mm³ and neutrophils 2000/mm³²), Uremia at 3.17 g/L, creatinine at 89 mg/L, serum potassium to 7.03 meq/L and albuminuria

Figure 1
Tense vesiculobullous lesions on upper limbs
Autoimmunity tests were positive for antinuclear antibody titer (1:1280), anti-dsDNA (250 IU/mL), anti-SSA and anti SSB. Indirect immunofluorescence showed the presence of circulating anti-type VII collagen antibodies. The renal biopsy were compatible with lupus nephritis classe IV with deposition of IgG in direct Immunofluorescence. Skin biopsy showed subepidermal blister with polymorphous inflammatory infiltrate. Direct immunofluorescence demonstrated linear deposition of IgG, IgM and complement at the dermoepidermal junction. The diagnosis of bullous systemic lupus erythematosus was considered. The patient was treated with antimalarial, mycofenolate-mofetil and prednisone 1 mg/kg/day with spectacular improvement of bullous lesions, arthralgia and nephropathy.

Disclosure of interest: The authors declare that they have no competing interest.