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Case Report

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Lupus Panniculitis as a Complication of Herpes Zoster

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ABSTRACT

A 55-year-old woman with a 7 year history of systemic lupus erythematosus was consulted to our surgical clinic from immunology department due to exhausting left inguinal pain. She was diagnosed with herpes zoster but her complaints increased despite of the treatment of herpes zoster. Magnetic resonance imaging showed the fluid collection, cutaneous and subcutaneous oedema association with panniculitis only in the herpes zoster area. We think that panniculitis in our patient is triggered by herpes zoster infection because of same location of these two diseases. It is first reported entity which shown correlation between viral infections and lupus panniculitis.

Key words: *Lupus, panniculitis, herpes zoster*

ÖZET

Herpes Zoster'in Komplikasyonu Sonucu Oluşan Lupus Panniküliti

Yedi yıllık sistemik lupus eritematozus hikâyesi olan 55 yaşındaki kadın hasta sol inguinal ağrı nedeni ile immunoloji bölümünden cerrahi kliniğimize konsulte edildi. Hasta herpes zoster tanısı almıştı fakat tedaviye rağmen şikâyetleri artmıştı. Manyetik rezonans görüntüleme herpes zoster bölgesinde pannikülitle uyumlu olarak sıvı koleksiyonu, cilt ve cilt altı dokuda ödemi gösterdi. Biz bu iki hastalığın aynı lokalizasyonda oluşması nedeni ile pannikülitin herpes zoster infeksiyonun tetiklemesi sonucu oluştuğunu düşünmekteyiz. Bu olgu viral infeksiyonlar ile lupus panniküliti arasındaki ilişkisinin gösterildiği ilk rapordur.

Anahtar Sözcükler: *Lupus, pannikülit, herpes zoster*

Systemic lupus erythematosus (SLE) is a multisystem, autoimmune, connective-tissue disorder with a wide range of clinical features (1). Lupus panniculitis (LP) or lupus erythematosus profundus is a rare and cutaneous clinical variant of SLE (2). We reported a case with LP as a complication of herpes zoster infection.

CASE REPORT

A 55-year-old woman with a 7 year history of SLE was consulted to our surgical clinic from immunology department due to exhausting left inguinal pain. She had been taking flantadin 3 mg once a day and hidroxychloroquine 200 mg twice a day for last two years.

Firstly the patient had been consulted to Dermatology clinic due to painful, progressive vesicular lesions on her left inguinal area. She was diagnosed with herpes zoster and given famsiklovir. We also detected oedema, vesicular lesions, and painful joint motion of hip on physical examination (Figure 1). Her peripheral blood leukocyte count and erythrocyte sedimentation rate were 9100/mm^3 and 50 mm/h, respectively. Serum chemistry values were normal. Magnetic resonance imaging (MRI) was performed due to painful joint motion of hip. MRI showed the fluid collection, cutaneous and subcutaneous oedema association with panniculitis only in the herpes zoster area (Figure 2).

Famsiklovir and symptomatic treatment consists in topically corticosteroid and oral nonsteroidal anti-inflammatory drugs were used. On 15 days her complaints highly decreased and control ultrasonography was completely normal.

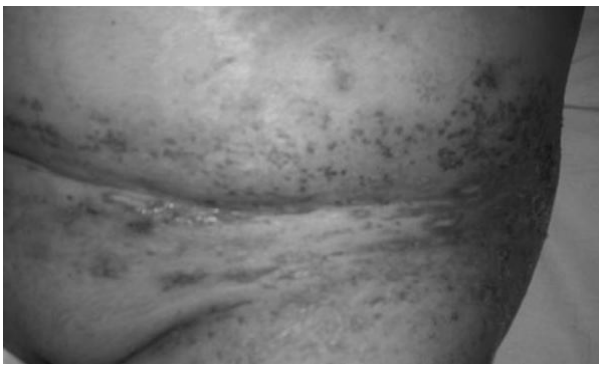

Figure 1. Vesicular lesions and oedema were shown.

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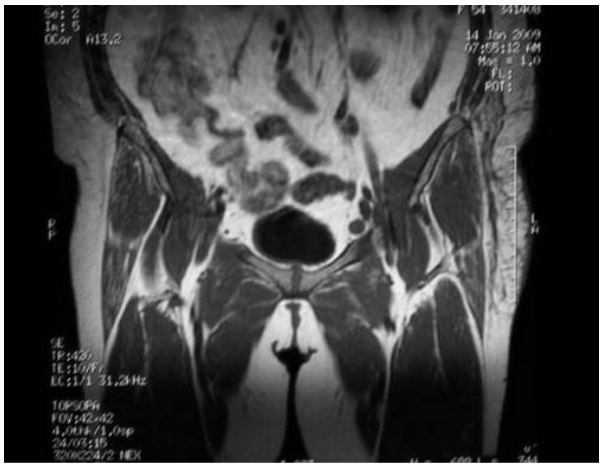

Figure 2. MRI appearance of the fluid collection and cutaneous-subcutaneous oedema association with panniculitis.

DISCUSSION

Systemic lupus erythematosus (SLE) is a multisystem, autoimmune, connective-tissue disorder with a wide range of clinical features. This disease mainly involves the skin, joints, kidneys, blood cells, and nervous system. Treatments range from antimalarial agents to corticosteroids and immunosuppressive agents (1). The use of this agents, and biological therapies increases the risk of infections, mainly bacterial, in patients with SLE. Furthermore Ramos-Casals and colleagues have shown a predisposition of viral infections in patient with SLE. The detected of most common viral infections are parvovirus B19, cytomegalovirus herpes simplex virus, Epstein barr virus and varicella zoster virus. This predisposition increases in case of the treatment of immunosuppression in these patients (3). LP or lupus erythematosus profundus is a rare and cutaneous clinical variant of SLE. It was first described by Kaposi in 1883 (4). The frequency of occurrence of LP in SLE has been reported to be 2% (2). It causes inflammatory reaction in the deep subcutaneous adipose tissue. The most common sites of involvement LP are the upper limbs, thighs and buttocks (5, 6). The etiology is uncertain. Histologically, lymphocytic lobular panniculitis and a characteristic hyaline sclerosis of the adipose tissue are defined. Treatment is primarily medical because of surgical intervention aggravates the clinic of disease (7).

It is relatively difficult to make the diagnosis of LP in our patient due to herpes zoster infection in the same area. Initially we focused the treatment of herpes zoster and we didn't think panniculitis. When her complaints increased despite of the treatment of herpes zoster, correct diagnosis was made owing to magnetic resonance imaging. We think that panniculitis in our patient is triggered by herpes zoster infection because of same location of these two diseases. It is first reported entity which shown correlation between viral infections and LP.

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