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A case of a persistent rash secondary to Tumid Lupus

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Introduction

Tumid Lupus is a subtype of chronic cutaneous lupus erythematosus that can be easily misdiagnosed in its early course as it presents in the form of an erythematous rash over exposed areas like the extremities.

Case Description

- **39 y/o woman who presented to the internal medicine outpatient clinic due to the onset of a new rash in the right arm for the past month. Patient described the rash as a redness and warmth over the right arm. Patient denied tenderness or pruritus.**
- **She was seen in an urgent care, was diagnosed of non-purulent cellulitis and prescribed a course of Doxycycline, which she completed but did not noticed much improvement of the rash. Patient was seen again in the urgent care and prescribed a 10-day course of Keflex. Given that her symptoms did not improve, she decided to make an appointment with her primary care. Patient reported that warm showers and exercise exacerbate the rash.**
- **She denied ever having fevers, chills or localized such as tenderness, pain, itching, swelling or induration. Denied trauma to the area. Denied any allergies, she does not take any medications. No etoh use, cigarette smoking or illicit drug use.**
- **On physical exam patient was afebrile, vital signs where within normal range. There was a non-confluent non-raised erythematous rash in right arm, there was not any induration, scale, ulceration or exudate, no tenderness to palpation.**
- **Patient was prescribed a hydrocortisone cream to apply topically to the area and was referred to dermatology. Skin biopsy of the lesion biopsy and immunofluorescence staining showed findings compatible with tumid lupus erythematosus. ANA and Anti-double-stranded DNA (anti-dsDNA) were negative.**
- **The patient was instructed to minimize sun exposure and initiated on topic Clobetasol with mild improvement of the erythema. Patient was started on intra lesion corticosteroids which improved rash.**

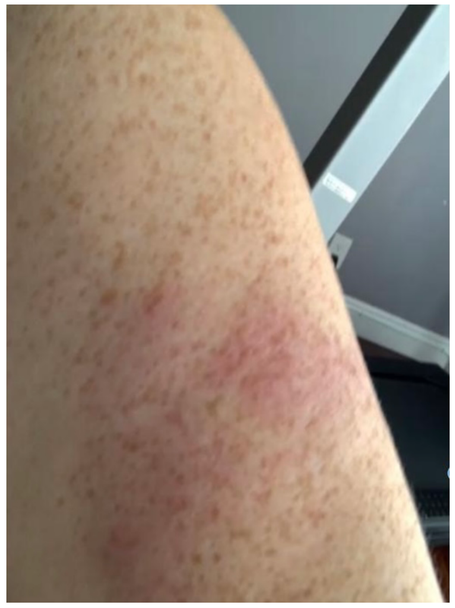

Figure 1. Right arm

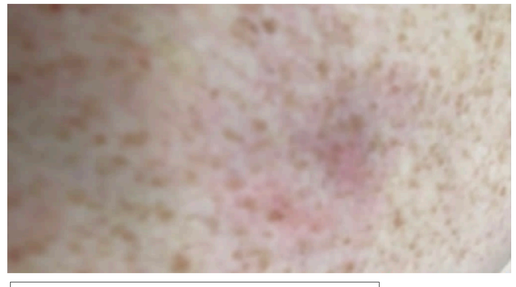

Figure 2. Closer look of right arm

Discussion

Tumid lupus erythematosus (TLE) is a subtype of chronic cutaneous lupus erythematosus. However, TLE differs from the other subtypes of cutaneous lupus erythematosus in that an association with systemic lupus erythematosus (SLE) is rare.

TLE is an uncommon disorder that affect women and men equally (unlike SLE that has a women predominance). It usually manifests as erythematous, edematous plaques without scale or ulceration that tends to involve exposed areas of skin, such as the face, upper back, upper chest, extensor arms, and shoulders. It is more photosensitive than other types of cutaneous SLE and has a higher incidence during summer months. It persists for days or weeks and typically follows a chronic, recurring pattern without scarring, atrophy, or depigmentation.

In most patients' antinuclear antibodies are negative (80%). A punch biopsy is needed for the diagnosis. An important clue in the diagnosis is the Reproduction of skin lesions after UVA OR UVB irradiation.

A cornerstone of the treatment is photo protection with sunscreen daily. Since patient may avoid direct sunlight, assessment of vitamin D deficiency and its supplementation is also important. For limited disease usually topical steroids are indicated for 2-4 weeks. If rash persist, a trial of intra lesion corticosteroids may be offered. If disease is refractory consider starting a course of antimalarial drugs, such as hydroxychloroquine and chloroquine.

References

1. **Tumid Lupus Erythematosus. Dahlia Saleh, Jonathan S. Crane. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2020 Jan.**
2. **Tumid Lupus Erythematosus and Systemic Lupus Erythematosus: A Report on Their Rare Coexistence. Karan Jatwani, Karan Chugh, Oluwasegun S Osholowu, Shraddha Jatwani**
3. **Tumid lupus erythematosus. H Ruiz 1, J L Sánchez**
4. **Tumid lupus erythematosus. Sylvia Hsu, Linda Y Hwang, Hiram Ruiz**
5. **Tumid lupus: An unexpected diagnosis for the otolaryngologist. Gina D Jefferson, Vinay K Aakalu , Marylee Braniecki**

This research was supported (in whole or in part) by HCA and/or an HCA affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA or any of its affiliated entities.

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