A 25 year old female presented to Dermatology with a well-defined red plaque on the tip of the nose for last 8 years. The lesion was non-pruritic and not associated with any bone cyst or pulmonary fibrosis. Spontaneous remission is rare. On this occasion we are reporting a case of Lupus pernio.

Lupus pernio is a chronic form of sarcoidosis and it is a poor prognostic factor. It is commonly associated with nodular (annular, angiolupoid, subcutaneous), plaque classified as maculopapular, papular (lichenoid), cutis or nummular eczema. Specific types are verrucose, etc. are also known to occur. Its occurrence in first case is purely coincidental.

We performed a biopsy and the results were consistent with sarcoidosis. H&E stain showed scattered discreet granuloma with no necrosis. Figure 3: HE ×40 showing scattered discreet granuloma with no necrosis.

The patient was treated with oral hydroxychloroquine, levamisole, and aspirin. Her symptoms greatly decreased with medication.

References to the Article

Keywords: associated findings.

A 25-year-old lady presented with a well-defined erythematous plaque on the tip of the nose for last 8 years without any bone cyst and pulmonary fibrosis. Spontaneous remission is rare. On this occasion we are reporting a case of 25-year-old lady presenting with a well-defined erythematous plaque on the tip of the nose. There was no history of loss of smell or nasal discharge. The lesion was asymptomatic. The patient was otherwise healthy and had no previous history of skin diseases. A biopsy of the lesion revealed non-caseating epithelioid cell tubercles in affected skin, with a lymphocyte cuffing (‘naked tubercles’), with fine uniformity in the dermis and surrounded by sparse reticulin fibers. The patient was under treatment with oral prednisolone in the first case. The clinical response was good and the patient was put on tapering doses of prednisolone. The lesion disappeared after 6 months of treatment. The patient was followed up and no recurrence of the lesion was observed.

Discussion:

Sarcoidosis is a multisystem disease characterized by formation of non-caseating epithelioid cell granulomas. It is a chronic granulomatous disease of unknown etiology, which is commonly associated with systemic manifestations. Chronic cutaneous sarcoidosis may involve the skin alone, but it is often part of a systemic disease process. In approximately 60% of patients and is useful in the patient. Serum ACE levels are neither diagnostic available everywhere and the test is expensive to take up by the cutaneous lesions, salivary glands, lacrimal glands and intrathoracic lymph nodes taken up by the cutaneous lesions, salivary glands, lacrimal glands and intrathoracic lymph nodes.

The patient may be willing to accept the risk of an anticoagulant therapy for a vasculopathy usually involving the peripheral retina. Hyperactivity of peripheral arteries, aortic annulus and heart valve rings is a common feature in patients with sarcoidosis.

References:


Abstract:

Proportional Postpartum Cardiomyopathy in a Young Woman with Sarcoidosis - A Case Report

We present a 25-year-old woman with postpartum cardiomyopathy, who presented to us with dyspnoea, palpitation and leg edema. The patient was a primigravida and had a normal uncomplicated pregnancy. She had no history of cardiac disease and no family history of heart disease. Physical examination revealed marked cardiomegaly with gallop rhythm and rales on auscultation. Echocardiogram showed severe left ventricular dysfunction with an ejection fraction of 35%. She was treated with diuretics, nitrates, carvedilol, furosemide, spironolactone, beta-blocker, diuretic, and digoxin. The patient made a complete recovery and was discharged from the hospital after 2 weeks of treatment. This case highlights the importance of early recognition and prompt treatment of postpartum cardiomyopathy to prevent serious complications.
Introduction:

Peripartum cardiomyopathy (PPCM) is an unusual and uncommon form of dilated cardiomyopathy that is often fatal. "It is more common in developed countries. Between 20% and 35% of patients with systemic sarcoidosis have cutaneous manifestations, but cutaneous sarcoidosis can also occur without systemic disease in about 25% of cases. Sarcoidal granulomas are discrete, distributed uniformly in the dermis and surrounded by sparse lymphocyte cuffing ('naked tubercles'), with fine uniform PAS-positive granules and a central necrotic core. These tubercles are larger and more coarsely surrounded by plasma cells than tuberculoid tubercles. While sarcoidal granulomas have epithelioid cell granulomas. While granulomas in leprosy are uniformly in the dermis and surrounded by sparse lymphocyte cuffing, those in leprosy are present in the upper dermis, whereas those in sarcoidosis are deeper in the dermis. Agranulomatous sarcoidosis of the skin is a clinical diagnosis that can be confirmed with skin biopsy. Using H & E stain X 100, microscopic examination reveals discrete, non-caseating, epithelioid granulomas with a few lymphocytes, neutrophils, and plasma cells. Angiotensin-converting enzyme (ACE) is derived from epithelioid cells of the granulomas and reflects the granuloma load in any tissue. Serum angiotensin-converting enzyme (ACE) level in patients with cutaneous sarcoidal granulomas is higher than in those with only systemic sarcoidosis. ACE levels are not specific and only increase when granulomas are present. However, this facility may not be available in all laboratories.

Peripartum cardiomyopathy is defined as deterioration of cardiac function due to a persistent antigen of low molecular weight. Peripartum cardiomyopathy occurs during the postpartum period or within the first six weeks postpartum, but it may develop at any time during pregnancy or within 5 months postpartum. It is a rare cause of cardiac failure usually presenting with shortness of breath, chest pain, eye complaints, arthritis or arthralgia, or pulmonary emboli and upper respiratory tract infection. Serum creatinine kinase (CK) levels are often elevated. However, other exclusionary laboratory studies should also be considered, including cardiac biomarkers and echocardiograms.

Case Report:

A 25 year old female presented to Dermatology Outpatient Department of BIRDEM hospital with dyspnoea, chest pain, eye complaints, arthritis or arthralgia, and symptoms overlap with those of many other systemic diseases. She was nonsmoker and engaged in normal physical activities. She reported no known personal or family history of heart disease and there are no other known possible causes of heart failure. Echocardiogram is a useful diagnostic tool in patients with heart failure. The hemoglobin level was 11 g/dl and there was no hepatomegaly. Urinalysis results showed vascular congestion bilaterally. The patient was noted to be afebrile, mildly anaemic and mildly obese. The pulse rate was 90 beats per minute and elevated jugular venous pulse was present. The blood pressure was 130/70 mm Hg. Pericardial rub was absent and auscultation revealed grade 2/6 diastolic murmur. The 12 lead ECG showed sinus tachycardia. ECHO revealed LV ejection fraction of 35% and right ventricular dilatation. The patient was advised to have an echocardiogram done again after one year. She was prescribed bed rest, antiplatelet along with calcium and vitamins. She was put on nitrates, carvedilol, furosemide, spironolactone, angiotensin-receptor blockers, which are probably more effective than diuretics. However, other exclusionary laboratory studies should also be considered. ACE levels were normal. Skin biopsy showed discrete, non-caseating, epithelioid granulomas. The patient was advised to continue these medications after delivery. The patient was very happy about the successful outcome of skin biopsy, which helped in confirming a diagnosis of sarcoidosis. The electrocardiogram (ECG) was normal during the postpartum state, PPCM is often missed, especially if it is complicated by diabetes. 6th ed. Philadelphia, PA: Elsevier Health Science Publishers L.L.C., 2010. 2000; 342(15): 1077-84. Teghtsoonian M, Weinberger SE. Distinguishable familial and sporadic cutaneous sarcoidosis: a clinical and ultrastructural study of 21 cases. J Cutan Pathol. 1988; 15(1): 18-25. Yadav S, Agarwal GJ, Sindhwani J, et al. Peripartum cardiomyopathy: review of the literature. Yonsei Med J 2007; 48(5): 731-47. 9. Bhakta P, Biswas B, Banerjee B. Peripartum cardiomyopathy: a report of 2 cases and a review of 162 cases. J Indian Soc Pediatr. 2005; 72(2): 84-7.

Conclusion:

Primary therapy consists of bed rest, diuretics, and antiplatelet agents. The best time to discontinue these medications is at least one year. We advised our patient accordingly. The patient was followed up for 1 year after delivery. The electrocardiogram (ECG) was normal during the postpartum state.

References: