Lupus Erythematosus Profundus

Lupus Erythematosus Panniculitis
Clinical Features In patients with chronic cutaneous lupus erythematosus
The lesions are deep nodules and plaques that tend to involve the skin of the trunk and proximal extremities, extending into the subcutaneous tissue. Biopsy findings show inflammation and fibrosis of the subcutaneous tissue. Some patients present with localized depressions without erythema, clinically resembling lipoatrophy. The term "lupus profundus" has been used both for lupus panniculitis and also for discoid lupus erythematosus lesions that involve the dermis and subcutaneous tissue.

Lesions that begin as pure panniculitis can develop dermal sclerosis and leave deep depressions in the skin surface.
Histopathology.
The histologic sections reveal a deep lymphocytic infiltration in the fat lobules and in the septa. Lymphoid aggregates, nodules, and germinal centers, also known as follicular centers, are common. The dermis can have just a superficial and deep perivascular lymphocytic infiltrate with plasma cells or can have restriction of their lumen and extracellular fat globules. Blood vessels are infiltrated by lymphoid cells and can have
diameter. Usually, there is mucinous edema of the septa and the overlying dermis. Calcification may be present in older lesions.

**Pathogenesis**

Approximately 50% of patients with lupus profundus have positive immunofluorescence findings at the dermal-epidermal junction, deposition of the so-called membrane-attack complex, composed of C5b-9, can be demonstrated as well.
Patients with lupus panniculitis have been given a clinical diagnosis of Weber-Christian disease in the past. The overlap in appearances may prevent any distinction between these two diseases.
routine histology. However, Weber-Christian disease can be sharply localized just to the fat lobules; in contrast, lupus erythematosus can be more diffusely distributed in the subcutis. Immunofluorescence and serologic studies allow a positive diagnosis of lupus erythematosus in many instances.
A particularly troublesome differential diagnosis is between lupus panniculitis and subcutaneous T-cell lymphoma. Although each of these two entities may have dense lymphoid infiltrates in the fat, usually the lymphoma has slightly atypical cells, with CD5 and CD7 diminution, and DNA analysis that is suggestive of the presence of some clonal...
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lymphocytes in the population. Subcutaneous panniculitic T-cell lymphoma of the alpha/beta subtype, without evidence of extracutaneous disease, has a 5-year survival of 92%, even with intensive chemotherapy. In contrast, subcutaneous T-cell lymphoma of the gamma/delta subtype has a much worse prognosis (i.e., an 11% 5-year survival), often with involvement of internal sites. A natural killer (NK)/T-cell lymphoma (CD2+ CD3- CD56+ EBV+) can also be in the differential diagnosis.
Erythema induratum, like lupus panniculitis, also shows hyaline necrosis and vasculitis but has more granulomatous inflammation than in most cases of lupus panniculitis.
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