Lupus Erythematosus Panniculitis
Clinical Features

In patients with chronic cutaneous lupus erythematosus, the lesions can be deep and can involve the dermis and subcutis. Histology is more sensitive and detects changes of discoid lupus erythematosus in 67% of these patients.
The lesions are deep nodules and plaques that tend to involve the skin of the trunk and proximal extremities, often with induration and atrophy. Some patients present with localized depressions without erythema, clinically resembling lipoatrophy. The term lupus profundus has been used both for lupus panniculitis and for discoid lupus erythematosus lesions that involve the dermis and subcutaneous fat. 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 a superficial and deep perivascular lymphocytic infiltrate with plasma cells or can be involved with extracellular fat globules. Blood vessels are infiltrated by lymphoid cells and can have restriction of their lumen.
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.
Differential Diagnosis

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 is typically more widespread, involving 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 both of these 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 panniculitis-like T-cell lymphoma of the alpha/beta subtype, without evidence of internal involvement, has a much better prognosis (i.e., a 5-year survival), in contrast to the gamma/delta subtype, which often involves overlying skin and has a much worse prognosis (i.e., an 11% 5-year survival). 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. Erythema induratum lacks the mucinous edema of the dermis.
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