

Localized scleroderma – what we still do not know about it? A retrospective analysis of 70 patients hospitalized in the Department of Dermatology and Venereology UMB.

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Introduction

Localized scleroderma (morphea) is an autoimmune, connective tissue disease, of not fully explained etiology, that can be limited to the skin or involves subcutaneous tissue and underlying tissues. It occurs with a frequency of 0.3 to 3 cases per 100,000 per year, is more common in women than men, with peak age of 50 years old.

Aim of the study

Retrospective analysis of medical records of patients with morphea.

Materials and methods

Seven-year retrospective analysis of patients hospitalized with morphea at the Department of Dermatology. Gender, age of patients, comorbidities, clinical course of the disease and treatment used were considered. Results were analyzed using Chi-squared test.

Results

In the analyzed period 70 patients were hospitalized with morphea, 56 females (80%) and 14 males (20%). Age of patients ranged from 7 to 77 years, with average of 43.6. Five patients (7%) reported morphea among family members. The history of skin lesions ranged from one month to thirty years and persisted five years in average. The most common manifestation was skin thickening (70%), red-brown plaques (51%) and atrophic lesions (41%). In 31% of mentioned skin lesions lilac ring was observed. Lesions were localized most commonly on the trunk (74%), lower (41%) and upper (36%) limbs and on the head (17%). In 17% of patients lesions were observed in both upper and lower limbs. Pruritus was reported by 14% of patients. The most common comorbidity was arterial hypertension (24%), thyroid diseases (18%), autoimmune diseases (17%), Lyme disease (13%), hypercholesterolemia (11%), osteoarthritis (11%), depression (7%) and carbohydrates metabolism disorders (7%). Elevated levels of inflammatory markers were observed in 13% of patients. In 63% cases the diagnosis was confirmed by the histopathological examination. Correlations between morphea and the following were observed: arterial hypertension, thyroid diseases, ischaemic heart disease, Lyme disease, elevated levels of inflammatory markers, monocytosis and smoking. Almost 57% of patients received procaine penicillin (in 3 of them Hoigne syndrome appeared) and 10% phototherapy.

Conclusions

The analysis confirmed morphea is a disease of a chronic course affecting women in majority and usually people between fourth and fifth decade of life, as well as that lesions mostly present as skin thickening localized over the trunk. In patients with morphea thyroid disorders and Lyme disease were observed more frequently. Smoking in such patients is contraindicated as it may worsen their condition.