A 28-year-old man presented to dermatology clinic for skin lesions over his face. His past medical history was unremarkable. On examination, some well-defined, erythematous plaques with scale were seen on his forehead and his right cheek (Figure 1). At near observation, central atrophy and hyperpigmentation along with active inflammation at periphery were also noted (Figure 2). Pathological examination demonstrated infiltration of mononuclear cells around dermoepidermal junction, hyperkeratosis, and follicular plugging; that confirmed the diagnosis of discoid lupus erythematosus. Titer of antinuclear antibody (ANA) was negative at 1:20. Treatment with sun protective measures along with topical corticosteroid resulted in acceptable clinical response.

Discoid lupus erythematosus develops in up to 25% of patients with systemic lupus (SLE) but may also occur without other clinical characteristics of SLE and with negative or low-titer ANA. Patients with pure discoid lupus erythematosus have an approximate risk of 5–10% for developing SLE. There is an association between the number and extend of discoid lesions and the future risk of developing SLE, which usually tends to be mild.

![Figure 1](image1.png) Discrete, erythematous plaques on the patient’s forehead and right cheek.

![Figure 2](image2.png) Close-up view indicating central atrophy, hyperpigmentation, and scales over the lesions.

REFERENCES