



CONNECTIVE TISSUE DISEASES

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CONNECTIVE TISSUE DISEASES

- They are group of auto-immune disorder of unknown aetiology

LE (LUPUS ERY THEMATOSUS)

- is a spectrum of disease ranging from :
(chronic) DLE  SCLE  SLE.
- (subacute) (acute)

DLE: DISCOID LE

- It is a chronic, purely Cutaneous LE, usually seen in young adults.
- Female : male = 2 : 1
- It is characterized by red macule or patch with adherant scale.
- Healing occurs with central atrophy (scarring) & when affect scalp
— — scarring alopecia

DISCOD LE




PRESENTATION OF DLE:-

- Classical
- erythematous , oedematous
- Hyper keratotic, dark gray with central depression
- vitiligo-like

PRESENTATION OF DLE:-

- **We have 2 form:**
- **Localized: above the neck**
- **disseminated : neck, upper trunk, extremities**

PROGNOSIS:

- spontaneous involution with scarring
- 5% of DLE  SLE

RX :

- **sunscreen** : topical or systemic
(chloroquin)
- **topical** potent steroid or IL steroid
- if disseminated = **systemic** steroid

SUBACUTE CUTANEOUS LE

- Usually seen in female > male adults
- **C/F** : either
- psoriasiform (papulo – squamous patches)
- polycyclic (annular) Lesion.
- There is no scarring, & the lesion is in the sun-exposed area (face, neck, V-portion of upper trunk)

SCLE



SUBACUTE CUTANEOUS LE

- **Characterized serologically by:**
- +ve Anti- La antibody
- +ve Anti- Ro antibody
- (precipitating Ab) in 70%

SUBACUTE CUTANEOUS LE

- Rx :
- Sunscreen, systemic steroid.
- **prognosis:** usually good

SLE

- It is the systemic, acute disorder of LE
- Skin involved in 80%

SKIN MANIFESTATIONS OF SLE:-

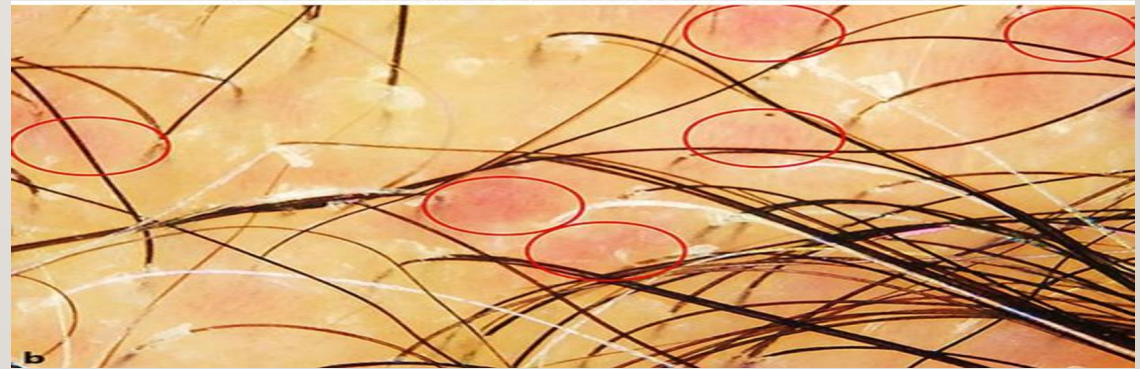
- Butterfly facial erythema on the malar area lasting days to weeks only without scarring
- sun-exposed bullous eruption
- vascular changes: purplish erythema, telangiectasia seen in palms, soles, elbow, knee, fingertips & peri-ungual telangiectasia

SKIN MANIFESTATIONS OF SLE:-

- Diffuse, non-scarring alopecia
- mucous membrane lesion: erosio _ulcerative with surrounding erythema in gingiva or hard palate or even petechiae
- Leg ulcer: deep, pretibial or Malleolar

SKIN MANIFESTATIONS OF SLE:-

- Livedo Reticularis
- Thrombophlebitis
- chronic urticaria or urticarial vasculitis
- photosensitivity
- DLE





SCLERODERMA (MORPHEA)

- It is the limited form of spectrum of sclerosis of skin

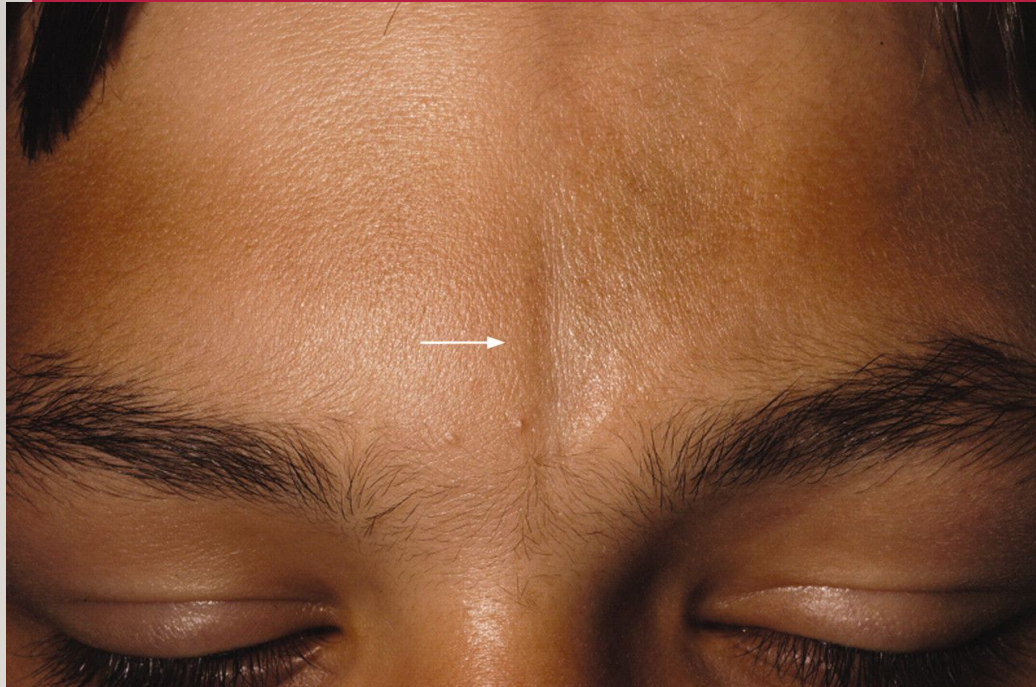
C/P:

- Localized: macules, plaques of violaceous depression & there is loss of elasticity of skin (it feel rigid)
- Disseminated: but localized to the skin
- Linear scleroderma: along the arm or leg or along frontal scalp (en coup de sabre)



C/P:

- Linear scleroderma may be part of parry-Romberg syndrome in addition to hemi-atrophy of face & alopecia & even epilepsy
- Atrophoderm of Pasini: atrophic sclerotic patches seen in the trunk starts as brown pigmented patch — atrophy



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RX:

- Systemic steroid
- Colchicin
- Topical daivonex (calcipotriol)

DERMATOMYOSITIS

- it is an inflammatory auto-immune disorder of skin & muscle

SKIN FINDING:

- Acute: - erythema, odema of face
- - Photosensitivity
- Subacute: - psoriasiform or purplish eruption over the knuckles & elbow & knee (Gottron's sign)

DM



SKIN FINDING:

- Flat topped papule over the knuckles (Gottron papule)
- Telangiectasia on proximal nail folds
- Chronic: hyperpigmentation, fissuring, scaling over hands or elbows, knees & even calcification



MUSCLE CHANGES:

- In addition to fever, malaise there is:
- acute swelling & pain & weakness in proximal muscles (ie. shoulder girdle, pelvic region)

INVESTIGATIN:

- Increase muscle enzyme : CPK, SGOT, SGPT
- Abnormal EMG
- characteristic myositis on muscle biopsy

RX:

- Steroid +/- steroid sparing agent (methotrexate, Azathioprine, cyclosporin)



Thank you!!!!!!!