



Image Article

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The Effectiveness of Hydroxychloroquine Treatment In Cutaneous Lupus Erythematosus

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Figure 1: Physical exam revealed pink-to-erythematous ill-defined, minimally elevated plaques with erosion and scaling on his back, chest, and face with his back being the most painful and pruritic.



Figure 2: Physical exam noted a decrease in erosions and plaques with a marked decrease in erythema.

Keywords

Hydroxychloroquine; Cutaneous lupus erythematosus

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A 61 years male presented with complaints of a rash on his back and chest. He reported a past medical history of generalized Chronic Cutaneous Lupus Erythematosus (CCLE), diagnosed 10 years previously by biopsy. Despite the diagnosis, he had never received treatment, and only recently complained of significant pruritus and pain. He admitted to frequent flares with periods of remission. Physical exam revealed pink-to-erythematous ill-defined, minimally elevated plaques with erosion and scaling on his back, chest, and face with his back being the most painful and pruritic [Figure 1]. Treatment options with this patient were discussed and the patient elected for drug therapy with Hydroxychloroquine and topical Triamcinolone. Three months following the initial encounter, the patient returned with marked improvement in symptoms. Physical exam noted a decrease in erosions and plaques with a marked decrease in erythema [Figure 2].

CCLE is an autoimmune skin disease characterized by dry red patches of skin that can evolve to indurated red plaque with scales [1]. This can sub classified into a localized lesion above the neck or a generalized lesion above and below the neck.

CCLE therapy is centered around preventative measures including sun-exposure counseling and smoking cessation. However, if the patient elects for drug therapy, topical corticosteroids, calcineurin inhibitors, and hydroxychloroquine have been shown to be efficacious [2].

IRB status

Exempt – Not Human Subject Research

Conflicts of Interest

None declared

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References

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