



AB013. Generalized discoid lupus in systemic lupus erythematosus with myelopathy

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Abstract: The co-existence of generalized discoid lupus erythematosus and myelopathy has not been reported. Among the subsets of cutaneous lupus erythematosus, discoid lupus is the least likely to progress to systemic lupus erythematosus and therefore implies a more benign prognosis. We report a 19-year-old woman who presented with non-pruritic red circumscribed plaques on the face, ears, and arms, with some showing scarring, telangiectasia, and pigmentation. Three months later, she developed

paraplegia, an inability to urinate and defecate, and a sensory loss up to the level of T10. Oral ulcers, findings on skin biopsy, a positive antinuclear antibody test, and transverse myelitis on MRI all confirm the presence of systemic lupus erythematosus (SLE). Discoid lupus has two subtypes, localized and generalized, which affect the areas above and below the neck. Generalized discoid lupus poses a higher risk for developing SLE (15–28%) compared to the localized type (5–10%). Myelopathy is a rare presentation in SLE, occurring in only 1–2% of cases. The presence of generalized discoid lupus is associated with poor clinical outcome.

Keywords: Generalized discoid LE; myelopathy

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