

Cases I have Learned From

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Disclosure (previous 12 months)

- **Consultant/Advisory board – Auxilium**
- **Consultant – Xoma, Eli Lilly, MelaSciences**
- **Editorial Boards – Archives of Dermatology (Associate Editor), Journal Watch Dermatology (Deputy Editor), Journal of Rheumatology, Cutis, emedicine.com, Journal of Drugs in Dermatology, Journal of the European Academy of Dermatology and Venereology, Psoriasis Forum, Australasian Journal of Dermatology**

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Case 1 – Perianal ulceration

SKIN ULCERS MISDIAGNOSED AS PYODERMA GANGRENOSUM

ROGER H. WEENIG, M.D., MARK D.P. DAVIS, M.D., PATRICK R. DAHL, M.D., AND W.P. DANIEL SU, M.D.

- **Review of 240 patients with a presumed diagnosis of PG**
- **49 had a different diagnosis**
 - **Vasculopathy – livedoid vasculitis, APS, venous ulceration, etc.**
 - **Vasculitis – WG, PAN, LCV, Cryo-assoc.**
 - **Malignancy – lymphoma/leukemia**
 - **Infection – deep fungal, Tb, HSV, etc.**
 - **Miscellaneous – NLD, Crohn's, hydroxyurea-induced, spider bite**
 - » **NEJM 2002; 347: 1412-8**

Physical Examination

Histopathologic Evaluation

Evaluation for Systemic Manifestations and Associated Conditions

- ◆ complete physical examination, laboratory and diagnostic analyses
- ◆ consider bone density studies

Treatment

Inflammatory Stage

- ◆ Oral prednisone, begin 1 mg/kg/day*
- ◆ +/- Non-immunosuppressive systemic agents
- ◆ +/- Immunosuppressive agents

Wound Healing Stage

- ◆ Local wound care measures
- ◆ Gradient support hose
- ◆ Optimize treatment of "microvascular" diseases

* (consider calcium and vitamin D and/or etidronate)

Close monitoring until stabilized

- ◆ Addition or change of therapeutic agents according to severity of disease

Slow taper of medications

Lessons Learned

- **Don't accept a summary letter**
- **Verify all test results**
- **Pull old slides for review or repeat a biopsy**

**Case 2 - Generalized Erythematous Plaques in
a previously healthy 21-week pregnant woman**

Clinical History

- **24 year old woman, primagravida, 21 weeks pregnant**
- **Presented on 4/4/2007 with a 6 week history of targetoid lesions on trunk, extremities, palms and soles**
 - Some appear to be resolving
 - Some new lesions
- **PMH – anemia, asthma**
- **Medications: famotidine, omeprazole**
- **Had PIC line until the previous day for hyperemesis gravidarum**
 - Treated with Total Parenteral Nutrition, ondansetron and phenergan until 2 weeks ago

Laboratory Studies

- **Hgb 11.3 /Hct 33.1**
- **WBC 5.2 - 77 neuts, 17 monos**
- **BUN/Creatinine - normal**
- **Hepatic function panel - normal**
- **Albumin 3.4 g/dl (nl 3.5-5.5)**
- **UA - Cloudy w. moderate bacteria**
 - **neg WBC**
 - **Hyaline casts, trace blood, crystal and 2+ protein**

Laboratory Studies

- **ANA - 1268 U/mL (nl <100)**
- **Anti-Ro/SSA - 1140 U/mL (nl <100)**
- **Anti-La/SSB - 623 U/mL (nl <100)**
- **Anti-DNA, RNP, Smith Antibodies - negative**
- **Sed Rate 53 mm/hr (nl 0-20)**
- **RPR - neg**

Diagnosis:
**Subacute Cutaneous Lupus Erythematosus in a
Primagravida Pregnant Woman**

Course

- **Patient had an otherwise uncomplicated pregnancy and delivered a healthy infant**
- **She was treated throughout the remainder of her pregnancy with prednisone**
- **Following pregnancy she continued to have occasional rash and severe fatigue and arthralgias, mild leukopenia was noted on several occasions as well**
- **Rheumatologist diagnosed SLE based upon +ANA, +Ro/SS-A, leukopenia, arthralgia and rash of LE**

Course continued

- **Placed on hydroxychloroquine with minor improvement in symptoms**
- **In 2012 placed on azathioprine with little improvement in fatigue and arthralgia**
- **June 2012 started on belimumab for control of symptoms**
- **October 2012 – seen for a flare of skin disease (medications at the time – belimumab monthly infusion, hydroxychloroquine 200 mg daily, azathioprine 100 mg daily, omeprazole). Treated with topical clobetasol and a two week taper of prednisone**
- **February 2013 – developed pleurisy, azathioprine was stopped and mycophenolate was started, but not tolerated, prednisone was restarted**

Course continued

- **October 2013 – stopped belimumab in preparation to attempt pregnancy, but was placed on methyldopa and lansoprazole**
- **November 2013 – developed a flare of her skin disease**
- **January 2014 – out of town trip during which time she was off the methyldopa and her rash “cleared” (presumably she continued to take the lansoprazole)**
- **February 2014 – PCP began amlodipine for BP control and her rash again reappeared**
- **March 2014 presented to Dermatology for re-evaluation – medications: prednisone 20 mg/d, hydroxychloroquine 200 mg b.i.d., lansoprazole, amlodipine, indomethacin**

Points for Discussion

- **Is this lady's skin disease due to drugs from the onset?**
- **If so which drugs are responsible? Methyldopa, amlodipine, proton pump inhibitors?**
- **How aggressive should the therapy of her SLE be?**
- **What is the risk to her subsequent pregnancy?**
- **What therapies might be continued for her lupus?**
 - **Hydroxychloroquine?**
 - **Prednisone?**
 - **Belimumab?**
 - **An immunosuppressive agent?**