

# Lupus profundus masquerading as facial cellulitis: A case report at Hospital Umum Sarawak

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## ABSTRACT

**Introduction:** Lupus profundus is a rare form of chronic cutaneous lupus erythematosus which may result in disfigurement. Here we report a female with lupus profundus who was initially treated as recurrent facial cellulitis. **Case Description:** A 33-year-old female presented with a 3-month history of persistent painful swelling on the right face and ear. She was treated for recurrent right-sided facial cellulitis at a primary care clinic, without improvement but progression. Clinically, there were erythematous to hyperpigmented, firm and tender subcutaneous plaques over the right cheek and ear, with areas of depression and dimpling and right lower eyelid oedema. A painless erythematous subcutaneous nodule was also noted on the right upper chest. The ear and oropharyngeal examination showed no abnormality. Laboratory investigations revealed leukocytosis of  $14.3 \times 10^9/L$ ; raised ESR at 66mm/hr and c-reactive protein at 192.9 mmol/L. The antinuclear antibody was negative. Histopathological examination of the skin sample revealed a thin epidermis, the presence of follicular plugging and basal vacuolation. Lobular panniculitis was observed with lymphocytes, plasma cells and macrophage infiltration, together with thickened septae and lymphocytic nuclear dust. There was the presence of mucin deposition in the dermis. Direct immunofluorescent studies were negative. Skin tissue for bacterial and mycobacterium culture was negative. Computed tomography demonstrated right facial skin thickening without collection, bilateral parotitis and cervical lymphadenitis. She was treated with intravenous ceftriaxone and oral itraconazole in the ward. Hydroxychloroquine at 200mg/day was initiated subsequently. At the latest review, the swelling of the right cheek and ear resolved leaving facial asymmetry and an area of hyperpigmented depressed scars. **Discussion:** LP usually occurs in adults, with a median age of onset of 30 – 40 years and predominance among women. Lesions are common on the face. Management of LP is difficult. **Conclusion:** It is important to recognize LP and consider it as a differential diagnosis when cellulitis fails to respond to a proper course of antibiotics. A skin biopsy is essential to ascertain the diagnosis. Early treatment is vital to prevent disfigurement.