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GENERALIZED MORPHEA: A CASE REPORT

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ABSTRACT

Generalized morphea is a subtype of localized scleroderma, which lacks systemic manifestations and displays widespread, multiple, well-circumscribed, indurated plaques.

We represent a 46-year-old woman with generalized morphea. More than 3 years ago she developed multiple, nonpruritic plaques symmetrically on the trunk and extremities.

The patient's clinical history, laboratory analysis and histopathologic examination were consistent with generalized morphea, a rare subtype of localized scleroderma.

Key words: localized scleroderma, morphea, generalized morphea

INTRODUCTION

Localized scleroderma (morphea) is a cutaneous limited fibrosis and represents a wide variety of clinical entities. Based on clinical morphologic findings, morphea can be classified into five groups: plaque, generalized, bullouse, linear, and deep. Generalized morphea is a rare subtype of localized scleroderma and displays widespread, multiple, well-circumscribed, indurated plaques that resemble the lesions of the plaque form.

Like all other forms of scleroderma, that's a disease of unknown etiology but may involve an autoimmune etiology and affects both the microvasculature and the loose connective tissue.

Case report

History.

A 46-year-old woman is presented with a 3-year history of dermatosis involving the trunk and extremities.

More than 3 years ago she developed multiple nonpruritic plaques.

The disease began as a discrete area of erythema and progressed steadily with induration of the plaques and affection of other body areas. The surface became smooth and shiny. Some of the lesions were directly preceded by local trauma (subcutaneous injections).

The patient denies systemic complaints and a family history of a similar illness

Physical examination.

Physical examination revealed multiple, hyper-, hypopigmented and ivory-colored indurated plaques with atrophic, shiny surface on the upper and lower extremities, trunk, and buttocks. The lesions ranged from 1cm to 30cm in diameter and some of them were surrounded by violaceous border (lilac ring).

Laboratory data.

The complete blood count with differential analysis, liver function tests, chemistry panel, and urinalysis were normal.

Antinuclear antibodies, anti-Scl-70 antibodies, and the antibodies against *Borrelia burgdorferi* were negative. X-rays showed that the lungs were not affected.

Histopathology.

The skin biopsy showed an epidermal atrophy, a sparse superficial and predominantly deep dermal and subcutaneous perivascular infiltrate of lymphocytes and plasma cells, and the collagen bundles appeared thickened and closely packed with paucity of adnexal structures.

Diagnosis.

The patient's clinical history, laboratory analysis and histopathologic examination were consistent with generalized morphea, a rare subtype of localized scleroderma.

Differentials.

Systemic sclerosis (PSS, CREST), Acrodermatitis chronica atrophicans, Atrophoderma idiopathica progressiva, Lichen sclerosus et atrophicus, Scleroderma-like skin changes in systemic disease, Chemically induced dermal fibrosis (drugs, chemicals).

Treatment.

The patient was treated periodically with Penicillin G, Retarpen and local glucocorticoids. Additionally, physical therapy has been used concomitantly with the systemic medications.