

Oral involvement in lupus erythematosus: A report of three cases

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Sir,

Lupus erythematosus (LE) is an autoimmune disease that may rarely affect the oral mucosa. This mucosal damage may be mistaken for lichen planus. Herein, we report three cases of oral lupus.

Observation 1: A 41-year-old female, with a seven-year history of systemic LE (SLE) treated with hydroxychloroquine, presented for recent food discomfort. An examination of the oral mucosa found an erythematous plaque on the palate (Fig. 1) and whitish macules on the cheek mucosa. A palatal biopsy was in favor of lupus.

Observation 2: A 47-year-old female presented with a clinical picture of SLE, with diffuse lichenoid ulcerations of the oral cavity (Figs. 2a and 2b). The workup confirmed SLE with severe renal impairment requiring treatment with oral methylprednisolone combined with cyclophosphamide boluses. Oral involvement improved markedly.

Observation 3: A ten-year-old child presented with photosensitivity. An examination found erythematous plaques on the cheekbones and nose and atrophic hypochromic macules with a scaly surface on the forearms. A skin biopsy concluded the diagnosis of subacute lupus (SAL). Direct immunofluorescence was negative. Four months later, at follow-up, erythematous macules were noted on the palate and on the inside of the lips with angular stomatitis (Figs. 3a and 3b). A mucosal biopsy was refused by the patient.

Oral involvement in LE is rare. In a study by Menzies et al., 50% of patients with lupus showed positive



Figure 1: Erythematous patch of the palate (patient 1).



Figure 2: (a) Superficial ulcerations with a whitish, lichenoid background of the palate; erosive cheilitis (patient 2). (b) Similar lesions in the right cheek mucosa (patient 2).

oral findings [1]. This condition is associated with a worsened health-related oral quality of life [2]. During SLE, the involvement of the oral mucosa may manifest as erosions or atrophic lesions with whitish striations, which may mimic lichen planus.

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Figure 3: (a) Erythematous macules of the palate; bilateral perlèche (patient 3). (b) Erythematous macules on the inside of the lips (patient 3).

The lips, palate, cheek mucosa, and tongue could be affected [3]. Oral involvement may persist for years or occur only during relapses [4]. In SAL, the most frequent oral involvement is that of the palate with erythematous plaques, sometimes petechial or keratotic patches or erosions [5]. The labial and gingival mucous membranes could also be affected. Chronic lupus causes mucosal damage similar to that in SLE [3].

The specific involvement of the oral mucosa in LE is difficult to diagnose. It seems to be underdiagnosed. An examination of the oral cavity should be part of the clinical examination of any patient with lupus.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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