

## Case Report

# Lupus Erythematosus Affecting the Genitalia: An Unusual Site

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### ABSTRACT

Cutaneous lupus erythematosus classically affects sun-exposed areas. It rarely affects the genitalia, and there are few cases reported in the literature. Thus, we report the different genital manifestations observed in a patient with lupus erythematosus affecting the genital area.

### Keywords

Genitalia; Cutaneous lupus erythematosus; Systemic lupus.

### INTRODUCTION

In lupus erythematosus (LE), involvement of the genital area is uncommon, with few cases described in the literature.<sup>1</sup> We report a case of a 23-year-old woman, with history of lupus erythematosus, who presented with a genital lesion during an acute flare of her disease.

### OBSERVATION

A 23-year-old woman, with history of lupus erythematosus, treated with hydroxychloroquine and external photoprotection, was admitted for an acute flare of her disease, with joint and cutaneous manifestations. Clinical examination found erythematous plaques diffusely on the face and extremities and multiple alopecic plaques. In addition to this typical finding, painless white erosive plaques, which were bilateral and roughly symmetrical, were noted on both labia majora (Figure 1). Laboratory studies revealed the anti-native deoxyribonucleic acid (DNA) antibodies were highly positive at 44 (normal range  $\leq 5$ ), elevated erythrocyte sedimentation rate at 38 in the first hour (normal must be  $\leq 22$  in the first hour), anemia at 10 (normal  $\geq 12.5$  g/dL), lymphopenia at 250 g/dL (normal  $\geq 500$  g/dL) and a high 24-hour urine protein at 3.5 g/24 h (normal  $\leq 0.5$  g/24 h). Hence a renal biopsy was performed, which confirmed the diagnosis of lupus glomerulopathy grade II. Therefore, the diagnosis of a genital involvement of systemic lupus erythematosus was retained. Treatment included intravenous methylprednisolone

therapy at the dose of 500-1000 mg over 1-hour once a day for 3-days followed by oral prednisolone 0.5-1 mg/kg/d for 4-weeks and topical clobetasol for skin and genital lesions, plus hydroxychloroquine (200 mg/j), resulting in an improvement of her skin and genital lesions, joint and nephritis disease as well.

**Figure 1.** White Erosive Plaques, Bilateral and Roughly Symmetrical, on Both Labia Majora



### DISCUSSION

The genital manifestations of lupus erythematosus have been described sporadically in the literature. They occur in approximately 5% of patients with chronic cutaneous lupus erythematosus, and have been described rarely in patients with systemic lupus erythematosus.<sup>1</sup> At our knowledge, the first case was reported in 1994 by

Biasi et al.<sup>2</sup> Then, two others cases, which reported a discoid lupus at the genitalia associated to systemic lupus erythematosus (SLE), were described.<sup>3,5</sup> Moreover, two cases of genital involvement of systemic lupus erythematosus was reported by Del Alcázar-Viladomiu et al and Wester and Al, in 2018 and 2019, respectively.<sup>6,7</sup> In addition, there are few studies which describe this entity. Clinically, lesions may be ulcers, erosions, or atrophic erythematous plaques with the characteristic scarring alopecia of discoid lupus erythematosus.<sup>8</sup> Typical discoid lupus erythematosus ulcers and plaques may occur in patients with systemic lupus erythematosus or discoid lupus erythematosus. In our patient, we had founded bilateral erosions. Typically, these cutaneous lesions are asymptomatic.<sup>9</sup> That it was similar in our patient. The treatment is the same as for other manifestations of lupus, with a short course of potent topical corticosteroids combined with systemic hydroxychloroquine or chloroquine.<sup>1,5,9</sup>

## CONCLUSION

Genital involvement is rare in LE and it is perhaps under diagnosed. Our case suggests that, although ultraviolet light may be the most important environmental factor in inducing skin lesions, other intrinsic immune mechanisms may be similar in non-exposed skin, especially, in the genitalia. In addition, other precipitating factors, such as the Köebner phenomenon, may impact this localization.

## CONSENT

The authors have received written informed consent from the patient.

## CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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