

GENERALIZED MORPHEA – A CASE REPORT**Dr. Paavai S.¹, Dr. Vipul Paul Thomas¹, Dr. Deepthi Ravi² and Dr. Jayakar Thomas^{*3}**¹Junior Residents, Department of Dermatology, Sree Balaji Medical College, and Hospital, Chrompet, Chennai.²Senior Resident, Department of Dermatology, Sree Balaji Medical College, and Hospital, Chrompet, Chennai.³Professor and HOD, Department of Dermatology, Sree Balaji Medical College, and Hospital, Chrompet, Chennai.***Corresponding Author: Dr. Jayakar Thomas**

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ABSTRACT

Morphea is also known as localized scleroderma or circumscribed scleroderma. It is characterized by varying degree of sclerosis, fibrosis, and atrophy in the skin and subcutaneous tissues, sometimes extending deeply into muscles, bone and even the brain. Based on clinical findings, morphea can be classified into five groups: plaque, generalized, bullous, linear, and deep. Generalized morphea displays widespread, multiple, well-circumscribed, indurated plaques that resemble the lesions of the plaque form.

KEYWORDS: Based on clinical findings, morphea can be classified into.**INTRODUCTION**

Morphea is also known as localized scleroderma or circumscribed scleroderma. It is characterized by varying degree of sclerosis, fibrosis, and atrophy in the skin and subcutaneous tissues, sometimes extending deeply into muscles, bone and even the brain. Based on clinical findings, morphea can be classified into five groups: plaque, generalized, bullous, linear, and deep. Generalized morphea displays widespread, multiple, well-circumscribed, indurated plaques that resemble the lesions of the plaque form.

CASE REPORT

A 35 year old female came to skin OPD with complaints of a dark colored skin lesion over left breast present since the last 6 months. Initially it was around 1*1 cm in size and gradually progressed to the present size. History of itching and hardening of the skin was present. No associated systemic symptoms.

Dermatological examination revealed a 4*3 cm size pigmented indurated plaque present over the left breast [Fig 1]. No warmth and tenderness. Also 5 pigmented patches were noted over the left side of the back and left arm ranging from 2*2 to 8*9 cm in size [Fig 2 and 3]. These may be in stage of evolution and may later develop into plaques.

Lymph nodes were not enlarged. Systemic examination was normal.

Edge wedge biopsy was taken from the lesion on the left breast. Histopathology showed epidermal atrophy [Fig 4] and homogenized, hyalinized, hypertrophic, and compact collagen in the dermis [Fig 5].

Based on clinical examination and histopathology, a diagnosis of generalized morphea was made.

DISCUSSION

Scleroderma is a condition where areas of the skin are harder than usual. The name scleroderma means hard skin. There are two type of scleroderma, localized and systemic. Systemic sclerosis affects the skin and the internal organs.

Localized scleroderma also known as morphea affects the skin only. Sometimes it can involve the muscles and bones underneath the affected skin. Morphea is a chronic connective tissue disease. Its etiology is unknown. Morphea is classified according to its clinical manifestation into plaque, generalized, bullous, linear, and deep morphea.

Generalized morphea is defined as morphea plaques involving two or more anatomical sites. It is more common in women than in men, and physical exercise has been cited as a triggering factor. The plaques are pigmented, slightly inflamed, indurated, ill-defined, and adherent to the deep fasciae and muscle. Most common sites are the trunk and extremities. Sclerosis occurs gradually and relatively fast over a period of months. Signs of acute inflammation like erythema and edema may also be present in the early stages.

Generalized morphea is different from systemic sclerosis. Patients may develop sclerosis of the fingers, but usually do not present with ulceration, phalanx resorption, changes in capillaries of the nail fold or Raynaud's phenomenon, which occurs in the systemic sclerosis. The face is usually spared. Muscle- joint involvement and presence of flexion contractures of the joints are common.

Antinuclear antibody (ANA) positivity is common but the specific autoantibodies seen in Systemic sclerosis are rarely present.

Typical histopathological appearance in morphea are, flattened rete ridges, superficially scattered and predominantly deep dermal and subcutaneous perivascular infiltrates of lymphocytes and plasma cells are seen and the collagen bundles appeared thickened and closely packed with paucity of adnexal structures.

Differentials include Systemic sclerosis, Acrodermatitis chronica atrophicans, Atrophoderma idiopatica progressiva, Lichen sclerosus et atrophicus, Scleroderma-like skin changes in systemic disease and Chemical induced dermal fibrosis.

Treatment includes topical and systemic steroids, phototherapy, D-penicillamine, and methotrexate.

CONCLUSION

This case has been diagnosed as generalized Morphea based on the clinical and histopathologic picture. It is important to examine other body areas in case a patient presents with a single lesion of Morphea. An X-ray or ultrasound may be needed to rule out deeper tissue involvement.



Figure 1: A 4*3 cm size pigmented indurated plaque is seen over the left breast.



Figure 2: Pigmented patches are seen over the left side of the back.



Figure 3: Pigmented patches are seen over the left arm.



Figure 4: H&E stained section of skin 10*10x view showing epidermal atrophy.

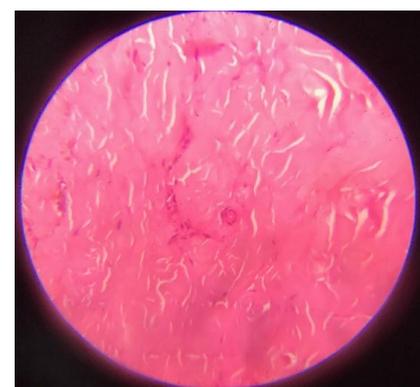


Figure 5: 40*40x view showing homogenized, hyalinized, hypertrophic, and compact collagen in the dermis.

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