

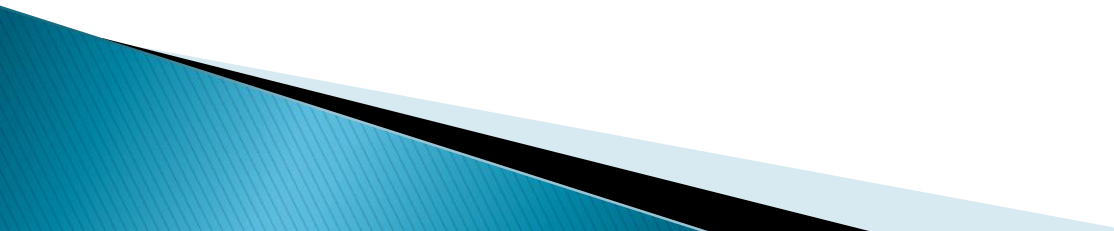
BEYOND SKIN



TRIGGER

Layla is a 29-year-old lady who presented to Dr. Abdulmajeed in the dermatology clinic with 5 months history of facial rash. At initial presentation she visited local primary care physician who gave her some topical treatment that improved the rash but for the rash to recur few weeks later. Several months ago, she acquired new job in the bank for which she had to use make up more frequently. She takes 45 minutes to reach her work and another 45 minutes to get back to her home in the mid of the day. This increases her stresses which she thought is the cause for the rash.

Discussion Questions:

- ▶ Are there any difficult words you do not understand?
 - ▶ List the key information about Layla.
 - ▶ Identify Layla's presenting problems.
 - ▶ For each problem, generate a list of possible causes (hypotheses).
 - ▶ What further information would you like to know from history to refine your hypotheses?
- 

History

Layla had the facial rash after she started her job 5 months ago and it progressed more with time. It is mainly asymptomatic, however, she feels mild itching from time to time. She has history of transient joint pain in the past several months. Otherwise, she is in good general health.

PAST MEDICAL HISTORY

- No history of chronic illnesses, hospital admission or surgery.

ALLERGY and MEDICATION

- None

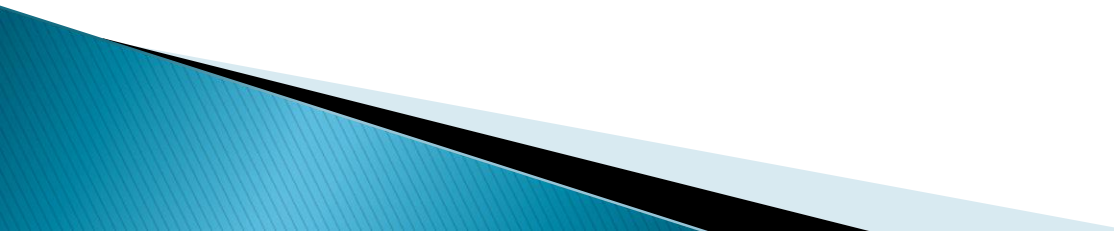
FAMILY HISTORY

- No one of her family has similar problem

SOCIAL HISTORY

- Layla lives with her parents and other siblings. She is excited about her new job and try to fulfill all her duties.

Discussion Questions:

- Are there words that you do not understand?
 - Summarize key information that you have obtained from the new information.
 - Identify patient's new problems. Provide hypotheses for each problem.
 - What further information would you like to know through physical examination?
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PHYSICAL EXAM



- Describe the rash
- Would you like to examine other sites?

Extra clinical pictures on physical exam: 2 & 3

2



Describe the lesions

3



- Describe the lesions
- Would you like to examine other systems?
- Would you modify your Hypothesis?

Examination

Vital signs:

➤ Normal

Systemic examination:

- ✓ Mucous membranes: normal
- ✓ Joint Examination: mild tenderness at interphalangeal joints
- ✓ No other abnormalities detected.

Would you like to do some investigations?



LAB INVESTIGATIONS:

• WBC	5.6	$\times 10^9/L$	4 ~ 11
• RBC	4.58	$\times 10^{12}/L$	4.2 – 5.5
• HGB	111L	g/L	120 ~160
• HCT	37.7	%	37 ~ 47
• MCV	93.9	f l	80 ~ 94
• MCH	29.8	pg	27 ~ 32
• MCHC	347	g/L	320 ~ 360
• RDW	14.3	%	11.5 – 14.5
• PLT	321	$\times 10^9/L$	140 – 450

What's missing in this panel?



LAB INVESTIGATIONS:

▶ Total bilirubin	14	umol/L	3 ~ 17
▶ Total protein	70.0	g/L	60 ~ 80
▶ Albumin	44.0	g/L	30 ~ 50
▶ Alkaline phosphatase	115.0	U/L	50 ~ 136
▶ Alanine aminotransferase	39.0	U/L	20 ~ 65
▶ Aspartate aminotransferase	19.0	U/L	10 ~ 31
▶ Triglycerides	1.32	mmol/L	0.4 – 1.48
▶ Cholesterol	3.9	mmol/L	3.2 – 5.2

LAB INVESTIGATIONS:

▶ Urea	4.6	mmol/L	2.5 – 6.4
▶ Creatinine	91	U mol/L	53 -106
▶ Sodium	138	mmol/L	135 145
▶ Potassium	3.9	mmol/L	3.5 – 5.1
▶ Chloride	101	mmol/L	98-107
▶ Calcium	2.21	mm/L	2.1-2.55
▶ Inorganic Phosphorous	1.1	mmol/L	0.87 – 1.45
▶ Corrected calcium	2.3	mm/L	2.1 2.55
ANA	1:1280		(less than 1:40)

What other Lab investigation you would like to do?

CASE PROGRESS

After clinical assessment and laboratory investigations, Dr. Abdulmajeed made his working diagnosis of SLE for further work up.

How would you manage Layla?



For skin management

Layla was educated about the importance of sun avoidance and was instructed to use strong sun block which contained chemical and physical sun screen components. Dr. Abdulmajeed showed Layla some photos of malar rash of SLE to convince her that is part of a well known disease in medicine. She was also advised to apply tinted glass for her car. Short course of mid potency topical corticosteroids over the face for 2 weeks was prescribed to overcome her symptoms. Systemic treatment with Hydroxychloroquine was planned and Layla was referred to the ophthalmologist for baseline check up of her eyes. For proper joint and systemic assessment, she was referred to the Rheumatologist.



Describe the lesions

Summary

➤ Layla mostly has SLE that has been triggered by excessive sun exposure after she was hired for the new job. Her previous joint pain is most likely related to SLE but this has to be confirmed by the Rheumatologist. Her skin problem was the hint to draw attention to the diagnosis.

➤ **What are the Skin manifestations of SLE?**

➤ **What are the side effect of Hydroxychloroquine?**

Thank You!