Case analysis: sarcoidosis and lupus pernio

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Patient history

1. Subcontinental female Diagnosed age 25 with rheumatoid arthritis (1)
2. Migrated to Australia in 2009 aged 45 and Diagnosed with sarcoidosis by Respiratory Physician (1)
    a. Lung Biopsy, MRI and chest X-ray confirms sarcoidosis (1)
    b. Granulomatous nodules on lungs, decreased respiratory function (1)

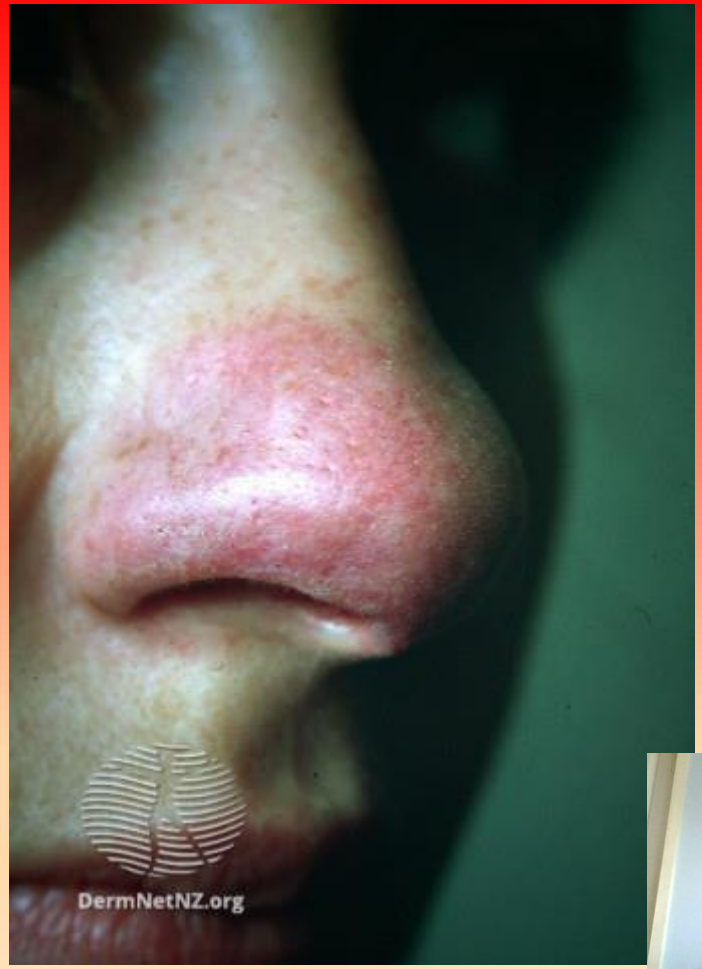
3. Rheumatologist noticed violaceous skin plaques on nose and cheeks (1,4)

    a. Blood analysis: moderate calcium and Vit D levels, high speckled ANA (1:640). Querying Lupus Erythematosus (LE) (1)
    b. Prescribed Hydroxychloroquine (Plaquenil) (4)

4. Requested GP referral for Dermatologist review. Case dates 16-2

Nose presentation

- Lupus pernio is a cutaneous presentation of sarcoidosis
- This is very similar to our patient
- The patient permitted this study



Assessment and Diagnosis

1. Full skin assessment for violaceous rash, nodules, scarring, eye involvement
    a. Musculoskeletal disfigurement and noted weight loss (1)
    b. ‘Gritty’ eyes- (anterior uveitis) but no pain or photosensitivity (4,5)
    c. No ‘apple-jelly’ granulomas seen under dermoscopy(4)
    d. Violaceous plaques on cheeks, dorsum hands and right nose tip, which was biopsied.(1,4)

2. Differential Diagnoses: malignant / non-malignant tumours, leprosy, lichen planus, granuloma faciale, LE, chilblains, or rosacea

3. Biopsy result Diff.Diagnosis rosacea--florid follicular demodex mit suppurative granulomas with lymphoblastic infiltrate and telangiectasi remains Lupus pernio with secondary rosacea

Management and outcome

1. Treatment for lupus pernio is Plaquenil and topical corticosteroids (TCS)
2. Rosacea can be controlled with Plaquenil, but usually doxycycline, however,
    a. Demodex mites can flourish with TCS (5)
    b. Plaquenil, rosacea and Demodex mites can cause uveitis (1,4,5)
    c. Prescribed treatments: a non-steroidal calcineurin inhibitor and doxycycline. Continuing on Plaquenil until urgent review (1,4,5)

3. Case management transferred to the Local district health service (LDHS) (1)

4. Ophthalmic review was requested and further treatment depends on outcome

5. Nurses: patient education, open discussions, coordinate care, op
management, holistic monitoring: toxicities, skin health, DLQI (2,3)

Discussion

1. Collaboration is important for her treatment and recovery. (1,3,4)
2. Nurse education of many skin diseases assists in patient care and needs priority. (2,3)
3. Plaquenil masked rosacea symptoms and prevented granulomas from advancing. (1,4)
4. The patient felt unable to speak about her eye problem at first visit, possibly cultural (2), but it was necessary to prompt urgent Ophthalmic review. (4)
5. Rosacea and Demodex can cause ocular discomfort, but Plaquenil can cause medication toxicity, which presents as ocular damage. (1,3)
6. TCS is a first line treatment for lupus pernio. (3,4)
7. Doxycycline can cause photosensitivity so short-term until review

Occular rosacea

- Occular rosacea was the result from the ophthalmic review
- The rash spontaneously resolved
- Ongoing respiratory physician reviews

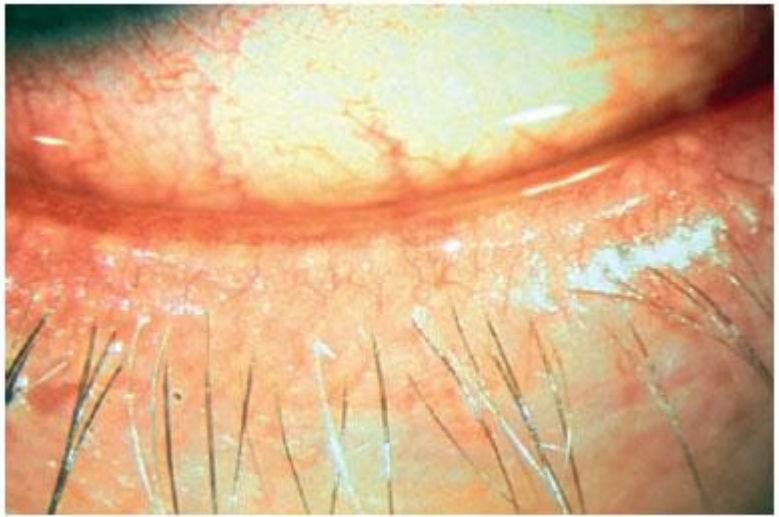


Figure 2. Eyelid margin of a patient with ocular rosacea showing meibomian gland dysfunction and telangiectases.

References and acknowledgements

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1. Points to remember

1. Patients present with comorbidities (3)
2. Full skin assessment and holistic documentation assist with diagnosis (2,3)
3. Nurses need to increase their understanding of skin diseases and assessment skills so they are better equipped to help patients
    a. evidenced-based education, open discussion, psychosocial support (2)
    b. Time saving by active nurse involvement in assessments (3)
    c. Understanding pharmacology ensures safe patient monitoring (3)
    d. As her health status alters, know when to escalate (1,3)
    e. Self-management and quality of life are priorities (2)
    f. Psycho-socio-economic factors affect health seeking and co