

## **Overlapping subacute lupus erythematosus /dermatomyositis disease: a case report**

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A 24-year-old Brazilian girl was referred to our observation for a polymorphic skin eruption associated with photosensitivity, polyarthralgia, progressively worsening muscle weakness. The patient showed cutaneous lesions suggestive for dermatomyositis (DM), including Gottron's papules and sign, mechanic's hand and violaceous erythema involving face and upper trunk. Furthermore, increased muscle enzyme and electromyographic alterations were demonstrated and the histological examination of the skin lesions confirmed the diagnosis of DM. Few weeks later, the patient developed a diffuse eruption consistent with subacute cutaneous lupus erythematosus (SCLE) (annular pattern), associated with peripheral blood pancytopenia, anti-ds DNA, anti-Sm, anti-56 kDa nRNP and anti-Ro-SSA antibodies. Clinical, histological and immunopathological data suggested a diagnosis of overlapping SCLE/DM disease. Steroidal intravenous pulse therapy was started with partial improvement. After one month the patient showed a worsening of the muscular and joint pain, with a new appearance of annular-polycyclic lesions, concurrently with a decrease of platelets count, a worsening of the heart functionality with a decrease of the ejection fraction (46%), left ventricle dysfunction, hypotension and dyspnoea. The patient was treated with cyclosporine and intravenous cyclophosphamide, showing improvement of the heart function. She is currently treated with ramipril, metoprolol, metilprednisolone and cyclosporine with a good control of both systemic and cutaneous manifestations.

The term "overlap disease" indicates a heterogeneous spectrum of diseases in which symptoms and signs from two or more autoimmune conditions are documented in the same patient. The most common overlapping diseases are: rheumatoid arthritis (RA)/SLE, SLE/Systemic sclerosis (SS), SS/DM, SLE/SS and RA/SS.

Our case is intriguing because of the simultaneous presence of alterations suggestive for SCLE and DM. To our knowledge, this is the first case of overlapping disease showing the typical cutaneous features of SCLE together with those of DM.