

LOW DOSE THALIDOMIDE FOR TREATMENT OF RESISTANT

DISCOID LUPUS ERYTHEMATOSUS – A CASE REPORT

Campos S.¹; Ponte P.²; Lestre S.¹

¹Dermatology Department, Hospital de Santo António dos Capuchos, Lisbon; ² Hospital Torres Vedras, Portugal

INTRODUCTION

- ✓ Discoid lupus erythematosus (DLE) is a chronic, indolent, disfiguring disease that is characterized by scaly, erythematous, disk-shaped patches and plaques followed by atrophy, scarring and depigmentation.
- ✓ In a small number of patients, it is refractory to standard therapies.
- ✓ In those cases, **thalidomide** has been reported to be an effective treatment.
 - Its anti-inflammatory and immunomodulatory actions are thought to contribute to its efficacy in DLE.
 - The most fearful side effects are teratogenicity and sensory peripheral neuropathy.
 - Adequate counseling and vigilance must be given to the patients.

LOW DOSE THALIDOMIDE FOR TREATMENT OF RESISTANT DISCOID LUPUS ERYTHEMATOSUS – A CASE REPORT

Campos S.¹; Ponte P.²; Lestre S.¹

¹Dermatology Department, Hospital de Santo António dos Capuchos, Lisbon; ² Hospital Torres Vedras, Portugal

CASE REPORT

- ✓ A 45-year-old healthy Caucasian woman presented with a 20-year history of severe facial and scalp DLE confirmed by histopathology.
- ✓ The lesions failed to respond to previous therapies:
 - Corticosteroids (topical, intralesional, oral),
 - Hydroxychloroquine,
 - Methotrexate,
 - Azathioprine,
 - Topical tacrolimus.
- ✓ 5 criteria for Systemic Lupus Erythematosus were fulfilled:
 - DLE,
 - Photosensitivity,
 - Oral ulcers,
 - Non-erosive arthritis,
 - Positive antinuclear antibody.



Figure 1. (A-C) Multiple facial well-demarcated, scaly erythematous plaques. (D) Involvement of the scalp has led to alopecia with erythema, atrophy and adherent scale.

LOW DOSE THALIDOMIDE FOR TREATMENT OF RESISTANT

DISCOID LUPUS ERYTHEMATOSUS – A CASE REPORT

Campos S.¹; Ponte P.²; Lestre S.¹

¹Dermatology Department, Hospital de Santo António dos Capuchos, Lisbon; ² Hospital Torres Vedras, Portugal

CASE REPORT

Thalidomide was initiated at a dosage of 50mg/day and the skin lesions had improved dramatically after three weeks. Two months later, the dose was reduced to 50mg, five days per week without disease rebound. Complete clinical remission was observed after eight months of treatment.

- ✓ The other concomitant medications during the treatment included sunscreen, hydroxychloroquine, enoxaparin and aspirin to prevent thromboembolic events.
- ✓ Thalidomide also allowed the reduction of oral corticosteroids (deflazacort 30mg/day to 6mg/day), without clinical worsening.
- ✓ Pregnancy testing, routine laboratory and electrocardiography were performed at regular intervals for safety monitoring and the results were within normal limits.
- ✓ An effective contraceptive method (intrauterine device) was guaranteed.
- ✓ Only minor side effects as nausea, constipation and somnolence were noted, however, they improved with dose reduction.

LOW DOSE THALIDOMIDE FOR TREATMENT OF RESISTANT DISCOID LUPUS ERYTHEMATOSUS – A CASE REPORT

Campos S.¹; Ponte P.²; Lestre S.¹

¹Dermatology Department, Hospital de Santo António dos Capuchos, Lisbon; ² Hospital Torres Vedras, Portugal

CASE REPORT

3 weeks after treatment with thalidomide 50 mg/day.



Complete clinical remission after 8 months with thalidomide 50 mg/5 days per week.



LOW DOSE THALIDOMIDE FOR TREATMENT OF RESISTANT

DISCOID LUPUS ERYTHEMATOSUS – A CASE REPORT

Campos S.¹; Ponte P.²; Lestre S.¹

¹Dermatology Department, Hospital de Santo António dos Capuchos, Lisbon; ² Hospital Torres Vedras, Portugal

DISCUSSION

- ✓ Approximately 25% of DLE lesions fail to respond to standard first-line systemic therapy with antimalarial agents.
- ✓ Among the alternative systemic therapies, thalidomide is an accepted treatment and has demonstrated clinical efficacy in up to 90% of recalcitrant cases in some studies.
- ✓ Doses as low as 50 mg daily were frequently effective in keeping clinical remission.
- ✓ In this patient, low-dose thalidomide was an effective treatment with minimal side effects.

CONCLUSION

Our data confirm that thalidomide therapy is an alternative or adjunctive treatment for patients with severe and chronic DLE that is refractory to standard therapies.

REFERENCES: **1)** Cortés-Hernández J, Torres-Salido M, Castro-Marrero J, Vilardell-Tarres M, Ordi-Ros J. Thalidomide in the treatment of refractory cutaneous lupus erythematosus: prognostic factors of clinical outcome. *Br J Dermatol.* 2012 Mar;166(3):616-23. **2)** Cuadrado MJ, Karim Y, Sanna G, Smith E, Khamashta MA, Hughes GR. Thalidomide for the treatment of resistant cutaneous lupus: efficacy and safety of different therapeutic regimens. *Am J Med.* 2005 Mar;118(3):246-50. **3)** Pelle MT, Werth VP. Thalidomide in cutaneous lupus erythematosus. *Am J Clin Dermatol.* 2003;4(6):379-87. Review. **4)** Housman TS, Jorizzo JL, McCarty MA, Grummer SE, Fleischer AB Jr, Sutej PG. Low-dose thalidomide therapy for refractory cutaneous lesions of lupus erythematosus. *Arch Dermatol.* 2003 Jan;139(1):50-4. **5)** Thomson KF, Goodfield MJ. Low-dose thalidomide is an effective second-line treatment in cutaneous lupus erythematosus. *J Dermatolog Treat.* 2001 Sep;12(3):145-7.