the achromotrichia continued to spread. Our patient was
every 6 months; no new lupus lesions were observed, but
secondary to lupus. The patient came to follow-up visits
differential diagnosis was with postinflammatory lesions
areas that had previously presented lupus lesions. The
were suggestive of vitiligo, even though most were in
eyebrows, scalp hair, and eyelashes (Figure 3). The lesions
not present at the first visit, was also observed in the
trunk where the lupus lesions had been. Achromotrichia,
hypopigmented plaques on the forearms, face, and upper
torso. The papules were slightly infiltrated,
the appearance of erythematous papules on the arms, face,
and upper trunk. The papules were slightly infiltrated,
of variable size, and coalesced into larger plaques
and upper trunk. The papules were slightly infiltrated,
of variable size, and coalesced into larger plaques
on hypopigmented skin; there was no desquamation
of the lesions and, in particular, the achromotrichia
with lupus who developed vitiligo over the course of
subsequently reported further, isolated cases of patients
with lupus who developed vitiligo over the course of
their disease.2,4,5
A genetic explanation for the association between lupus
erythematous and vitiligo has recently been attempted. In
a study of 16 European families, Nath et al1 found that the
SLVe1 gene on chromosome 17 may explain the relationship
between systemic lupus erythematosus and vitiligo. Rahner
et al2 related various mutS homolog 6 gene mutations
(present in hereditary nonpolyposis colorectal cancer) with
the presence of both autoimmune processes. However,
both authors base their findings on a small number of
patients. More studies are needed in patients with systemic
lupus erythematosus and in patients with cutaneous lupus
with no systemic involvement.
Based on the greater predisposition to the association
of autoimmune conditions, isolated cases of patients with
more than 1 autoimmune disease have been reported by
several authors, such as Johnson et al,1 who reported a
case of vitiligo associated with type 1 diabetes mellitus
and Callen,8 who described a patient with discoid lupus
erythematosus and autoimmune thyroiditis with high

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P. Hernández-Bel,* J. de la Cuadra-Oyanguren,
L. Martínez, J. López, A. Agustí, and V. Alegre

Servicio de Dermatología, Consorcio Hospital General
Universitario de Valencia, Valencia, Spain

*Corresponding author.
E-mail address: pablohernandezbel@hotmail.com
(P. Hernández-Bel).

Cutaneous Lupus Erythematosus
and Vitiligo

Lupus eritematoso cutáneo y vitíligo

to the Editor:

Lupus erythematosus and vitiligo are diseases of autoimmune
origin. Reports in the literature suggest patients are more
likely to suffer more than 1 autoimmune disease (30% of
patients with generalized vitiligo have another autoimmune
disease).1 However, there are few reports of cutaneous
lupus erythematosus in association with vitiligo.

We describe a 42-year-old woman with no family history
of autoimmune disease. In August 2008 she consulted for
the appearance of erythematous papules on the arms, face,
and upper trunk. The papules were slightly infiltrated,
of variable size, and coalesced into larger plaques
on hypopigmented skin; there was no desquamation
(Figure 1). On suspicion of cutaneous lupus, a biopsy
was performed, which showed vascular degeneration of
the basal layer with a lymphocytic infiltrate in the
dermis, dense perivascular lymphocytic cuffing, and
focal deposits of mucin (Figure 2). Autoimmunity tests
for antinuclear and anti-DNA antibodies were negative.
Topical corticotherapy and sun protection measures were
prescribed, and the patient improved.

The lupus lesions improved considerably within 3
months. However, the patient continued to present large
hypopigmented plaques on the forearms, face, and upper
trunk where the lupus lesions had been. Achromotrichia,
not present at the first visit, was also observed in the
eyebrows, scalp hair, and eyelashes (Figure 3). The lesions
were suggestive of vitiligo, even though most were in
areas that had previously presented lupus lesions. The
differential diagnosis was with postinflammatory lesions
secondary to lupus. The patient came to follow-up visits
every 6 months; no new lupus lesions were observed, but
the achromotrichia continued to spread. Our patient was
therefore diagnosed with subacute cutaneous lupus with no
systemic involvement (in remission at the time of writing)
and vitiligo.

Reports of the coexistence of 2 autoimmune
pathologies such as lupus erythematosus and vitiligo
are rare in the literature. The earliest articles usually
mention the differential diagnosis between the residual
hypopigmented lesions of cutaneous lupus and vitiligo.2
In 1981, Forestier et al3 described 2 patients, 1 with
discoid lupus who developed vitiligo-like lesions and 1
with vitiligo whose clinical course was complicated by
the appearance of lesions of discoid lupus. Both patients
presented elevated antinuclear antibodies, while all
other autoantibodies were negative. Postinflammatory
lesions were also considered in our patient, but the course
of the lesions and, in particular, the achromotrichia
supported the diagnosis of vitiligo. Other authors have
subsequently reported further, isolated cases of patients
with lupus who developed vitiligo over the course of
their disease.2,4,5

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erythematosus and vitiligo has recently been attempted. In
a study of 16 European families, Nath et al1 found that the
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Servicio de Dermatología, Consorcio Hospital General
Universitario de Valencia, Valencia, Spain

*Corresponding author.
E-mail address: pablohernandezbel@hotmail.com
(P. Hernández-Bel).
antimicrosomal antibodies. Other cases reported were patients with vitiligo and cutaneous lupus who also presented other nonautoimmune conditions (dermatophyte infection and melanoma).


V. Monsálvez,* I. Garía-Cano, L. Fuertes, R. Llamas, and F. Vanaclocha

Servicio de Dermatología, Hospital 12 de Octubre, Madrid, Spain

*Corresponding author.
E-mail address: monsalvezhonrubia@hotmail.com (V. Monsálvez).