LETTERS TO THE EDITOR WILEY

Telangiectasia-like lesions revealing neonatal lupus erythematosus

To the Editor:

A 9-month-old boy presented with red rash over his trunk of one month's duration (Figure1A, 1B). One month earlier, his parents found some red telangiectasias on his prothorax, abdomen and back, which rapidly spread on the skin of his cheek and opisthotic regions (Figure 1C). According to the patient's history, erythematous annular lesions that involved the face and trunk appeared 2 weeks after his birth and were aggravated by sunlight exposure. During the first 6 weeks of his life, he was intermittently treated with topical glucocorticoids following a clinical diagnosis of infantile eczema. Histopathological analysis of the lesions on the back showed dilated capillaries in the superficial layers of the dermis (Figure 1D). His routine blood, urine, liver function, renal function, and electrocardiography tests were normal. Serological analysis showed a positive antinuclear antibody (1:320), with a positive anti-SSA/Ro. Before this, his mother had never received a diagnosis of any autoimmune diseases, but she had a history of symmetrical patchy erythema on her cheeks after sun exposure during her pregnancy. She therefore was referred to a rheumatologist and was diagnosed as having systemic lupus erythematosus with positive antinuclear antibody (1:1280), anti-SSA/Ro and anti-SSB/La antibodies.

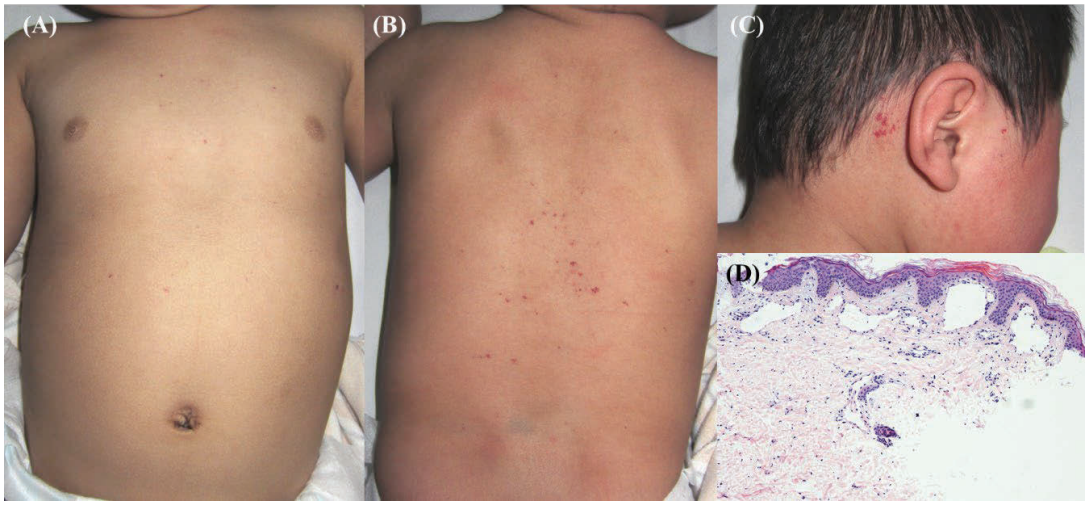

FIGURE 1 Telangiectasia-like lesions on the boy's body and histopathological analysis of the lesions. (A) The boy patient presented with the lesions on skin of prothorax; (B) Lesions on skin of back; (C) Lesions on skin of face and opisthotic regions; (D) Low-magnification view of subcutaneous tissue showed capillaries in the superficial layers of the dermis (Hematoxylin and eosin stain, magnification 100 ×).

The final diagnosis of neonatal lupus erythematosus (NLE) with telangiectasias-like lesions was made for this baby. This rare autoimmune condition in the newborns is caused by the passive transplacental transfer of maternal autoantibodies during fetal life. The most serious complication of this disease is related to the binding of the anti-SSA/Ro and anti-SSB/La autoantibodies to the neonate's cardiac cells, resulting in a partial or complete heart block.[1] In addition to the effect on the newborn, the mother's risk of having complications during pregnancy is also increased, whether she is symptomatic for autoimmune disease or not, if she has an immunity with positive auto-antibodies. The complications could be related to the pregnancy itself or related to the underlying

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disease. Despite the good prognosis for NLE, babies with this condition should be followed up in a specialized center for monitoring clinical status and auto-antibody titers.

Notably, the typical cutaneous manifestations should include erythematous, scaly, annular or arched lesions on the face, sometimes with slight atrophy. In some cases, the lesions may resemble telangiectasia. However, although NLE is rare and what appears to be telangiectasia may be overlooked, telangiectasias-like lesions are part of the spectrum of possible clinical presentations of NLE.[2]

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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