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A patch of hardened skin (localized Morphea)

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Background & Aim: Morphea, also known as localized scleroderma, is a disorder characterized by excessive collagen deposition leading to thickening of the dermis, subcutaneous tissues, or both.

Method: A 40-year-old woman presented to our Primary Health-Care Attention with a one-year history of skin lesion at her back and other of recent appearance at her buttock. No known medical or family records. The patient referred that the lesion on her back began as small patch of skin with loss of pigmentation and subcutaneous tissue that enlarged slowly. Physical examination showed two shiny-atrophic-pearly-painless plaques, one of 5cm at lumbosacral area and another of 1cm at the right buttock. Based on the characteristic of the lesions a Morphea sclerodermia vs extragenital lichen sclerosis were suspected.

Results: Laboratory tests determined a complete blood cell account normal. Renal function, electrolytes, erythrocyte sedimentation rate, and level of C-reactive protein were within normal limits. Autoimmune diseases, and *Borrelia burgdorferi* infection were discarded. Previous online consultation from Primary Health-Care Center, the patient was referral our Dermatology Department. Skin biopsy revealed a dermal sclerosis, without inflammatory component associated; lesion suggestive type Morpheiform.

Conclusion: The incidence of morphea has been estimated as approximately 0.4-2.7 per 100,000 people. Morphea appears to be more common in whites patients. Women are affected approximately 3 times as often as men for all forms of morphea. Morphea is usually asymptomatic, and the development of lesions is typically insidious. Lesions of superficial circumscribed morphea often undergo gradual spontaneous resolution over a 3- to 5-year period. Limited disease can often be managed with topical therapy or lesion-limited phototherapy.