An unusual eyelid swelling

A 47-year-old man presented with a 1-year history of left lower eyelid erythematous scaly plaque-like lesion with madarosis (Figure 1) accompanied by pain and redness. Conservative treatment (topical antibiotics and anti-allergy medications) had failed. He had no systemic symptoms except for fatigue. Subsequently, a left eyelid biopsy was performed and was consistent with discoid lupus erythematosus (DLE). Six months later, he developed an inflammatory scarring alopecia with diffuse hair loss in moth-eaten pattern suggestive of lupus. There was no clinical or laboratory evidence of systemic lupus erythematosus (SLE).

DLE is a chronic localized disorder and usually involves the skin with erythematous, scar-like raised scaly lesions in sun-exposed areas. Isolated involvement of the eyelid is extremely rare and may precede development of other skin lesions. DLE can present with isolated madarosis (loss of eyelashes), which usually starts in the outer third.1 Patients are usually treated as cases of chronic eczema or blepharitis. Other differentials include carcinoma and lichen planus. The under-recognition of isolated eyelid DLE delays diagnosis by 2 years.2 Patients with eyelid lesions that are unresponsive to therapy for eczema or infections should also undergo a full skin examination for any suspicious lesions3 and a biopsy should be considered. Although SLE has a female preponderance, DLE has been described in both genders; male gender, therefore, should not preclude consideration of DLE. Early diagnosis is essential to prevent scarring. Hydroxychloroquine is a fairly effective treatment.4 Long-term follow-up is needed as about 5% may develop SLE.5

References