

Neonatal Lupus

Enith Mena¹, Consuelo Modesto² and Pablo Velasco^{1*}

¹Department of Pediatric Emergency Care, Hospital Universitari Vall d'Hebron, Barcelona, Spain

²Department of Pediatric Rheumatology, Hospital Universitari Vall d'Hebron, Barcelona, Spain

Clinical Image

A 29-day-old, full-term male infant was brought to our pediatric emergency department to investigate arcuate macules and annular erythematous lesions with slight central atrophy and active raised margins, located on the face (Figure 1). There was no obstetric or perinatal history of interest, but the mother had received hydroxychloroquine treatment one year previously for a malar rash, with positive testing for antinuclear antibodies (ANA) and anti-La/SSB autoantibodies.

In light of the maternal background, neonatal lupus was suspected and the infant underwent electrocardiography (findings were normal) and autoantibody study, which yielded positive status to ANA (1/640) and anti-La/SSB (85.7 IU), and negative findings for U1/RNP and Ro/SSA antibodies.

The final diagnosis was neonatal lupus with skin involvement but without congenital heart block commonly seen in this syndrome [1], in relation to a mother with mild lupus symptoms. The infant's facial lesions disappeared on posterior follow-up.

Only 50% of mothers present connective symptoms at diagnosis, making it difficult [2]. Little is known about how maternal autoantibodies develop tissue injury and the factors that determine which child will be affected and which organs will be affected are not clear. Lee [3] Noted that the titers of maternal anti-Ro60 were lower in the neonatal skin disease subset. Treatment is photoprotection, topical corticosteroids and low power laser in the residual telangiectasias [2].

References

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Figure 1: Arcuate macules and annular erythematous lesions with slight central atrophy and active raised margins, located on the face.

*Corresponding author: Pablo Velasco, Department of Pediatric Emergency Care, Hospital Universitari Vall d'Hebron, Passeig de la Vall d'Hebron, 119, 08035, Barcelona, Spain, Tel: (0034)-934893093; E-mail: pvelasco@vhebron.net

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