



LINEAR MORPHEA AND ITS TREATMENT WITH METHOTREXATE

Dermatology

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ABSTRACT

Morphea presents with indurated plaques and pigmentary changes. Linear morphea is a type of localised scleroderma characterised by lack of visceral involvement, sclerodactyly and Raynaud phenomenon. Linear morphea can have extracutaneous manifestations which are different from systemic sclerosis. Most common sites involved in linear morphea is scalp, face and extremities.

KEYWORDS

Morphea, linear, methotrexate,

CASE REPORT

A 26 year old female patient presented to skin opd with history of stiffness in the right leg and pigmented thick plaques of skin which started initially over right thigh area 2 years back. slowly lesions progressed in linear fashion to involve the lower leg and right foot also. There was no history of trauma, infection or similar history in the family. No other comorbidity was present.

On physical examination, there were extensive, unilateral both hypopigmented as well as hyperpigmentation lesions on right leg. Although there was no discrepancy in the circumference of right and left limb. There was little difficulty in the movement of right knee. Ankle joint movements were normal. Keeping all these findings in view, a diagnosis of linear morphea was made. CBC and other routine investigations including Chest x ray was normal. Patient was initially started on systemic steroids and methotrexate 20 mg weekly to control the disease. Steroids were tapered within 3 months and methotrexate was continued for 6 months in varying doses. Regular follow up with blood investigations was done. After 6 months we tapered down the methotrexate too. On examination lesions didn't spread beyond ankle joint. Skin over the lesions has softened. Knee joint movements were smooth. Pigmentation has improved. Along with systemic treatments patient was asked to apply moisturiser over the lesions.

DISCUSSION

Morphea is a rare fibrosing condition of skin that may involve muscles, bone and brain. Although pathogenesis is incompletely understood, it results in increased collagen production. There are two stages. One is active stage and other is burnt stage. Treatment is to target active stage, stop the spread of disease and appearance of new lesions. Linear morphea is a subtype of morphea which can involve bone, resulting in growth retardations and flexion contracture. Patient can have elevated titre of autoantibodies like ANA.

CONCLUSION

Early diagnosis of linear morphea and treatment help to stop the further spread of the lesions, preserves the joint movements and prevents the muscle atrophy. Recent studies and our experience have shown satisfactory response of methotrexate in combination with systemic corticosteroids.

Acknowledgement

We would like to thank patient who agreed to have her case reported

Declaration Of Patient Consent

We certify that we have obtained patient consent. Patient have given consent for images and other clinical information to be reported in the journal. The patient understands that their name and initials will not be published and due efforts will be made to conceal their identity, but anonymity can not be guaranteed.

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Conflicts Of Interest: Nil

REFERENCES

1. Zulueta F, Martini G, Vallongo C, Vittadello F, Falcini F, Patricia A, et al. Methotrexate in juvenile localised scleroderma: A randomised, double-blind, placebo-controlled trial.