

### **CASE 31-3**

A 32-year-old female with no significant medical history presents with a burning erythematous macular rash on her face. The rash started 3 days ago after being outside at a baseball game.



**What is the one most likely diagnosis?**

- (A) Rosacea
- (B) Localized acute cutaneous lupus
- (C) Seborrheic dermatitis
- (D) Dermatomyositis
- (E) Allergic contact dermatitis

The correct answer is (B), localized acute cutaneous lupus.

Localized acute cutaneous lupus, also known as the malar or butterfly rash, is seen in patients with systemic lupus erythematosus. In patients with rosacea, sun exposure can cause flushing and burning sensation as well, but the flushing response should not last several days, unlike the patient in this case. The papules, pustules, and non-transient erythema of rosacea are not as well localized to the malar region as in acute cutaneous lupus. Seborrheic dermatitis has more greasy yellow scale and should be more prominent in the nasolabial folds, rather than the malar region. The rash of dermatomyositis can also be seen in the malar region, but classically also involve the periorbital region (heliotrope sign) and typically involve the melolabial folds, which are classically spared in the malar rash of lupus. While allergic contact dermatitis could be on the differential, it would be unusual in this location.