# Benign Atrophic Papulosis Revealing Undiagnosed Systemic Lupus Erythematosus and Antiphospholipid Syndrome: A Rare Case of Secondary Degos Disease

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## Introduction

- **Benign atrophic papulosis (BAP),** or Degos disease, is a rare occlusive vasculopathy with porcelain-white, atrophic papules and telangiectatic rims.
- Systemic lupus erythematosus (**SLE**) and antiphospholipid syndrome (**APS**) cause immune complex–mediated vasculopathy and thrombosis.
- **Coexistence** of Degos-like lesions with SLE and APS is **rare yet clinically significant.**

## Case Presentation

- **62-year-old woman** with obesity, diabetes, and tobacco use.
- **Tender erythematous papules** and plaques on trunk and extremities, many with **central necrosis** and crusting.
- Lesions evolved into **porcelain-white atrophic papules** with **telangiectatic rims** within two weeks.
- **Labs**
  ANA: positive, 1:640
  Anti–dsDNA: elevated
  Anti-phospholipid antibodies: positive
- **Biopsy:** wedge-shaped dermal necrosis and thrombosed vessels, later showing dermal fibrosis and epidermal atrophy
  → **benign atrophic papulosis**
- **Treatment:** antiplatelet & anticoagulant therapy, hydroxychloroquine, and methotrexate.

## Clinical Presentation

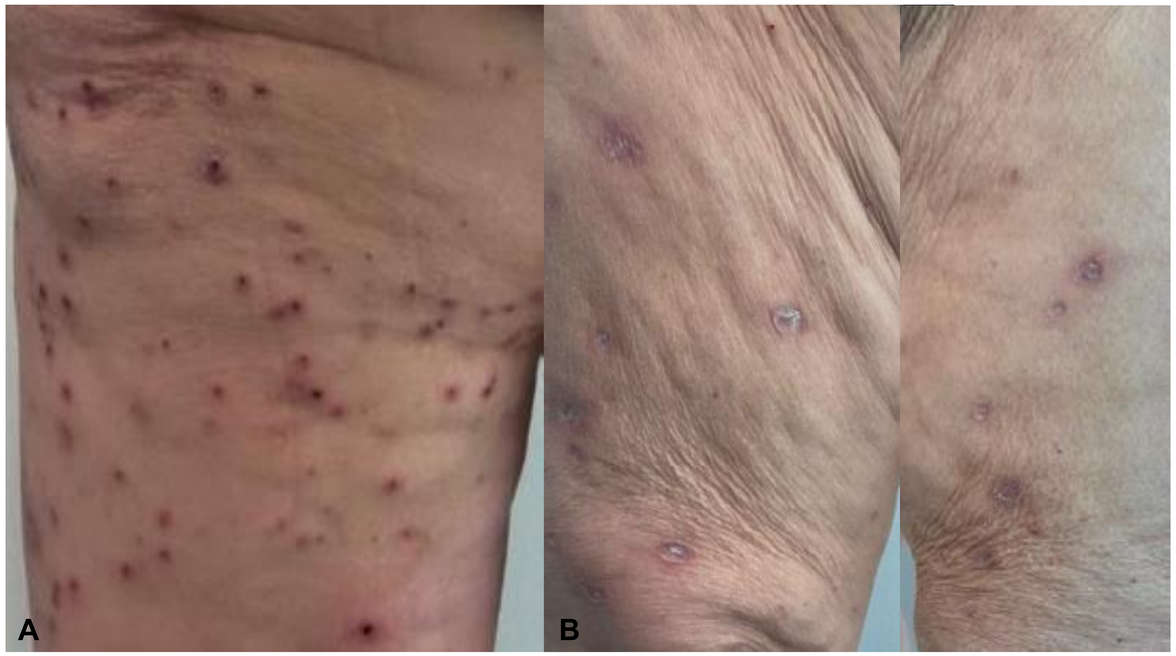


**Figure 1 (A)** Numerous erythematous papules and plaques with central necrosis and crusting on the bilateral thighs, consistent with an occlusive vasculopathy. **(B)** Evolution to porcelain-white, atrophic papules with telangiectatic rims consistent with benign atrophic papulosis.

## Dermoscopy and Histopathology

**Figure 2. Dermoscopic appearance of benign atrophic papulosis lesion.**
Shows a central porcelain-white atrophic area with a surrounding rim of light brown to erythematous pigmentation, consistent with the characteristic targetoid pattern of Degos-like lesions.

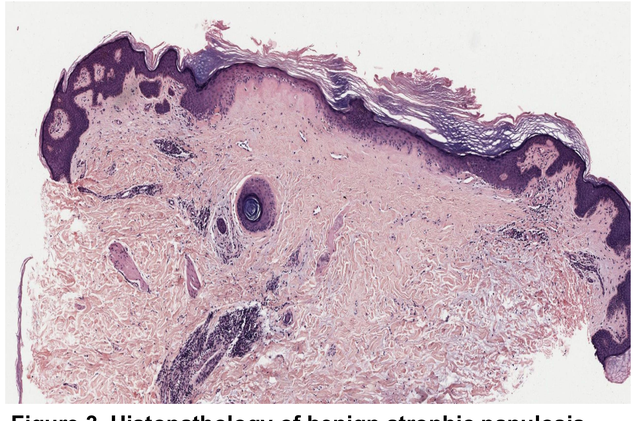

**Figure 3. Histopathology of benign atrophic papulosis lesion**
Epidermal atrophy with underlying dermal fibrosis and mild perivascular lymphocytic infiltrate, consistent with Degos-like changes in benign atrophic papulosis.

## Discussion

- Recognition of Degos-like lesions should prompt **evaluation for secondary systemic disorder, such as autoimmune and thrombotic disorders**.
- Early treatment can **prevent systemic progression and detect catastrophic vascular neurologic and GI events.**
- Emphasizes the **dermatologist's role** in recognizing cutaneous signs of systemic disease and ensuring **multidisciplinary management.**

## Conclusion

- Benign atrophic papulosis (BAP) can serve as an **early cutaneous marker of systemic autoimmune** and thrombotic disease.

## References

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