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Juvenile Scleroderma (morphea) - Therapeutic Difficulties †

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Abstract: Juvenile scleroderma (morphea), an autoimmune disorder, is the most common form of scleroderma in childhood, which affects the skin and may extend to the underlying fascia, muscles, joints, and bone. A variety of factors are involved in the occurrence of morphea. These include autoimmunity, genetic predisposition (HLA class I and II alleles), and environmental triggers (infections, trauma, toxins, drugs, and radiation). We present the case of a 5-year-old male patient from a rural environment who presents with hyperpigmented, indurated, well-defined plaques disseminated at the level of the right subcostal region, the right infraorbital region at the level of the scalp in the left parietal area, in the evolution of about 3 years. Confocal reflectance microscopy was performed to confirm the diagnosis of localized scleroderma. The patient received systemic treatment with antifibrotic and topical substances containing betamethasone and calcipotriol in the form of ointment with a favorable outcome. Treatment of scleroderma in children is challenging since little is known about its pathogenesis. There is no single, perfect therapy for all localized scleroderma patients.

Keywords: juvenile scleroderma; autoimmune disorder; scleroderma patient management.

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Conflicts of Interest

The authors declare no conflict of interest.