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### RESEARCH ARTICLE

#### RECONSTRUCTION OF A SCALP AFFECTED BY CUTANEOUS LUPUS: A CASE REPORT

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#### Abstract

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#### Introduction:-

Lupus is a systemic autoimmune disease that occurs when the immune system attacks tissues and organs including the skin. Indeed, discolored and scarred skin due to lupus has always been considered a contraindication to surgical procedures. However, lupus patients, even if they are in remission, are often left with disfiguring scars and pigmentary changes that can significantly affect their self-esteem and quality of life, hence the adaptation of reconstructive surgery to people with autoimmune disease. Although not particularly susceptible to cancer, some lupus patients naturally develop other diseases such as skin cancer.

#### Patient and Methods:-

The patient was M.B., 54 years old, with a history of type 2 diabetes on metformin and lupus followed for 30 years on Nivaquine initially and then put on local treatment. The history of the disease goes back to 5 months following a head trauma caused by a falling stone, the evolution of which was marked by the non-healing of the wound. The patient presented with a fixed parieto-occipital ulcerating lesion of about 12 cm in length without palpable cervical adenopathy, the anatomopathology of which is in favor of a moderately differentiated squamous cell carcinoma, infiltrating and mature ulcerated on the surface.

His cerebral CT scan found a large scalp tumor with osteolysis of the external table of the underlying parietal bones without cerebro-meningeal or cephalic venous sinus involvement. A cervical ultrasound was performed and found small bilateral cervical adenomegaly without any real adenopathy or pathological mass. His thoracic-abdominal-pelvic workup did not reveal any secondary lesions or bone involvement. An ophthalmological examination was performed during his hospitalization and the results were normal and the visual acuity correct.

#### Results:-

The tumor removal was performed in monobloc with a cranial flap and the coverage by a bi-pedicled flap associated with a thin skin graft of the donor area of the flap. The postoperative course was simple with a flap in place and a graft that held 95%.

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Figure 1:- Preoperative.



Figure 2: Peroperative



Figure 3:- D 15 postoperative.

### Conclusion:-

Although these surgical treatments may help some lupus patients, it is important to remember that any surgical procedure is stressful and that stress can be a trigger for lupus symptoms. Therefore, the pros and cons of any suggested procedure should be considered, but it is important to know that surgery is as effective for lupus patients as it is for anyone else.