

OLAVIDE MUSEUM

Lupus Erythematosus. Acute Afebrile Diffuse Outbreak

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Figure 412 from the Olavide Museum



Comment

This is one of the many figures composed by E Zofio, thus allowing us to state that it was created in the late 19th or early 20th century. It is one of a series of figures in which various parts of the body, in this case the hands and face, are portrayed separately.

The figure represents a young female patient with erythematous, edematous lesions on the face, in the shape of “butterfly wings.” The artist has achieved a masterly reproduction of the keratotic plaques that form due to the distortion of the follicular structures. Given the opportunity to observe the original figure in detail, one can almost see the keratotic plugs. The erythematous, violaceous plaques on the hands are evidence of the vasculitic lesions of systemic lupus.

In the late 19th and early 20th centuries, the word “lupus” was used to refer to a number of diseases that affected the nose and cheeks, with a greater or lesser degree of tissue damage; this explains why we still continue to use this term today to refer to diseases as different as tuberculosis (*lupus vulgaris*) and sarcoidosis (*lupus pernio*). Also at that time, the relationship between the cutaneous lesions of lupus and

the visceral disease began to be suspected, hence the clarification by Azúa on the plaque of the figure, “Afebrile outbreak.”

In 1828, Bielt described lupus erythematosus, calling it “erythema centrifugum”; Cazenave, his foremost disciple, who helped to advance our understanding of this disease, has given us a beautiful description of the illness:

“In some circumstances, it presents initially with a violaceous ruddiness on one area of the face or another, particularly over the nose, which is also somewhat swollen. Over the space of a few months, the color gradually increases; the surface becomes inflamed, with the formation of a small ulcer covered by a crust that subsequently thickens and covers the ulcer, which becomes ever deeper. Finally, the skin may become thinner, so slowly as not to be noticed, and acquire the appearance of a scar, without there having been tubercles or ulcers and without having presented more lesions of a livid color. On occasions, there is a mild and hardly visible desquamation.”

L Conde-Salazar, E del Río,
R Díaz-Díaz, X Sierra, and F Heras