

Images in Rheumatology

A Case of Rowell Syndrome Manifested on Hands: Targetoid-like Lesions and Nailfold Capillaries

Wenting Hu , MD, Yangyang Ma, MD, Ping Wang, MD, Ai-e Xu, MD, Department of Dermatology, Hangzhou Third People's Hospital, Affiliated Hangzhou Dermatology Hospital of Zhejiang University School of Medicine, Hangzhou, China. W. Hu and Y. Ma contributed equally to this work as co-first authors. Address correspondence to Dr. A. Xu, Dermatology, Hangzhou Third People's Hospital, Xihu Ave, Hangzhou, 310009 China. Email: xuaiehz@hotmail.com. This study was supported by Health Science and Technology Projects of Hangzhou (A20220451 and A20220441). Institutional review board approval of our hospital was obtained for this study. The authors declare no conflicts of interest relevant to this article. Informed consent for publication of materials was obtained from the patient and her parent.

Rowell syndrome is the occurrence of erythema multiforme-like lesions in patients with cutaneous lesions of lupus erythematosus.¹ We present a young female patient with systemic lupus erythematosus (SLE), whose hand lesions exhibited both connective tissue disease-related periungual angiotectasis and the typical erythema multiforme.

A 15-year-old girl presented with a 7-year history of SLE and her condition is under control after oral administration of prednisone and methotrexate (MTX). Four months prior, her hands exhibited chilblain-like erythema. Physical and dermoscopy examinations revealed both typical targetoid-like lesions

(Figure A) and obvious nailfold capillaries^{2,3} in both hands (Figure B). Serum antinuclear antibody (ANA) was 1:320 with speckled pattern. According to the diagnostic criteria by Zeitouni et al,¹ patients with (1) SLE, (2) erythema multiforme-like lesions, and (3) speckled pattern of ANA, combined with chilblain-like erythema, can be diagnosed with Rowell syndrome. At present, the patient is being treated with topical glucocorticoid, oral administration of prednisone and MTX, and injections of belimumab.

REFERENCES

1. Zeitouni NC, Funaro D, Cloutier RA, Gagne E, Claveau J. Redefining Rowell's syndrome. *Br J Dermatol* 2000;142:343-6.
2. Soubrier C, Seguir J, Di Costanzo MP, et al. Nailfold videocapillaroscopy alterations in dermatomyositis, antisynthetase syndrome, overlap myositis, and immune-mediated necrotizing myopathy. *Clin Rheumatol* 2019;38:3451-8.
3. Cutolo M, Melsens K, Wijnant S, et al. Nailfold capillaroscopy in systemic lupus erythematosus: a systematic review and critical appraisal. *Autoimmun Rev* 2018;17:344-52.



Figure. (a) Typical targetoid-like lesions and (b) obvious nailfold capillaries in both hands.