Can generalized subcutaneous morphea and eosinophilic fasciitis be differentiated clinically?

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2. Can generalized subcutaneous morphea and eosinophilic fasciitis be differentiated histopathologically?

3. Are there any long-term outcome differences between generalized subcutaneous morphea and eosinophilic fasciitis?

4. Are there any differences in response to therapy that might guide design of prospective interventional trials?

Methods:

Retrospective chart review (1998-2008). Cases were selected by ICD9 codes from the database of outpatient clinical services at the University of Michigan Health Center. Reference area: 3200 patients. Patients with systemic sclerosis and other forms of indurative skin disorders were excluded. Each subject had at least one outpatient skin biopsy. The pathologist data included demographic, clinical and diagnostic variables. Two dermatopathologists have reviewed 8 out of 24 biopsied specimens to date.

Results: (See Tables)

19 patients [10 male, mean age 50.7 y (range 18-83)] diagnosed as GSM and 6 [3 male, mean age 46.3 y (range 27-62)] with EF were identified.

No differences were identified in clinical descriptors, treatment response and time to remission. (Table 1) Important histopathologic descriptors are described. (Table 2)

Conclusion: Clinical and laboratory features are indistinguishable between GSM and EF. Based on the 8 out 24 biopsy reviews so far, there are some histopathologic differences between GSM and EF, although these data do not support separate terminology, prognosis or approach to therapy.

Reference Questions

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