of these two diseases in the same patient is less than 2%. The relationship between these two became more pronounced in patients with this comorbidity, because of long-term treatment with proton pump inhibitors (PPIs) and H2 - histamine receptor antagonists, in which a significant improvement in the symptoms of both diseases was observed.

The aim was to evaluate a possible association between rosacea and gastroesophageal reflux disease.

Materials and methods

The study was conducted by searching English-language articles, combining the term „rosacea" with the term „gastroesophageal reflux disease" as keywords, which were published in the period 2018-2024, using PubMed, NCIB, Medscape, and Mendeley databases.

Results

The search identified 4 studies that demonstrated a significant association between Rosacea and GERD. This association is known to be based on the chronic inflammatory response in the skin in response to the aggression of the Demodex folliculorum mite and in the esophagus in response to hydrochloric acid injury. Therefore, inflammation evolves with the subsequent occurrence of endothelial dysfunction, which results in the destruction of barriers, loss of elasticity of the vascular wall, impaired microcirculation, disorders of nervous and trophic integration with defective tissue regeneration. The persistence of inflammatory mediators such as histamine, mast cells, prostaglandins, prostacyclin, thromboxanes, leukotrienes, interleukins-1, -6, TNF-a and T- and B-lymphocytes is another mechanism for the development and persistence of the symptoms of both diseases. They are involved in the remodeling (hyperplasia and hypertrophy) of skin tissue with disease progression from erythemato-telangiectasia rosacea to phymatous rosacea and the replacement of esophageal tissue with intestinal tissue and the development of Barrett's esophagus. The body's microbiome may also be a factor in the link between rosacea and other barrier tissue diseases such as those of the gastrointestinal tract. Genetic predisposition, climatic, food, and psychological factors also play an important role in the etiopathogenesis of diseases. The etiopathogenesis of the diseases is complex and is not fully elucidated, therefore, further exhaustive studies are necessary to be able to prevent or stop their development.

Discussions

Both pathologies have many common characteristics: age between 30-50 years, the factors incriminated in triggering the diseases are food factors such as spicy, hot foods, alcohol and smoking, both conditions are chronic and involve the interaction of genetic and inflammatory factors, and in the evolution of the diseases observing- there are periods of remission that alternate with periods of symptomatology exacerbation. The treatment of these two nosologies is complex and different, having different directions, but considering the role of histamine as an incriminating factor in maintaining the corneal inflammatory response of these diseases, the administration of antisecretory preparations in patients with this comorbidity is argued.

Conclusions

The recognition of the association of these two diseases by medical specialists could provide methods of care and treatment of the cause, to mitigate the exacerbating factors and relieve the symptoms of both conditions.

LUPUS ERITEMATOS SISTEMIC CU AFECTARE CUTANEO-MUCOASĂ ȘI HEMATOLOGICĂ ASOCIAT CU TINEA CAPITIS – CAZ CLINIC

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Introducere

Lupusul eritematos sistemic (LES) reprezintă o maladie autoimună, inflamatorie, cronică cu afectare multisistemică. Aproximativ 15-20% din cazuri debutează în copilărie. Incidența la copii este de 2,2:100 000, vârsta pediatrică medie fiind de 12 ani [1]. Leziunile cutanate sunt printre cele mai frecvente manifestări de

debut ale LES. Conform literaturii de specialitate, 74% din pacienţi prezintă leziuni la nivelul pielii şi 45% la nivelul mucoaselor [2]. Prezenţa modificărilor cutanate diseminate şi hematologice prezintă un indice major de evoluţie spre LES [3]. Abordarea diagnostică include aprecierea istoricului bolii în concordanţă cu examenul clinico-paraclinic. Determinarea profilului de autoanticorpi este cel mai util instrument în confirmarea LES. Terapia de bază cuprinde fotoprotecţie, antipaludicele de sinteză, corticosteroizii, precum şi medicamentele imunosupresante.

Scopul lucrării constă în aprecierea afectării multisistemice a lupusului eritematos în populaţia pediatrică prin prisma unui caz clinic.

Materiale şi metode

Prezentăm cazul pacientului pentru a explica problema.

Prezentare de caz

Pacientul B.I., de 12 ani, a fost asistat în secţia de dermatologie pentru leziuni cutaneo-mucoase lipsite de senzaţii subiective. La nivelul feţei s-a observat un rash malar violaceu pe obraji şi pe piramida nazală. La nivelul pavilionului urechii bilateral, toracelui antero-posterior şi feţelor de extensie ale membrelor superioare, pacientul prezenta leziuni eritemato-papuloase, bine delimitate, cu semne de infiltraţie şi atrofie modestă, acoperite de scuame pluristratificate aderente. Printre alte modificări s-a constatat o cheilită eritematoasă pe semimucoasa buzei inferioare. În cavitatea bucală, pe suprafaţa palatului dur, s-au observat eroziuni subtile bine delimitate. O altă varietate de leziuni au fost identificate la nivelul părţii piloase a scalpului, sub formă de plăci eritemato-scuamoase, rotund-ovalare, cu firele de păr rupte la câţiva milimetri de la emergenţă, fără semne de atrofie şi hipercheratoză foliculară.

Examenul micologic al firelor de păr a evidenţiat prezenţa *Microsporum canis*, precum şi fluorescenţă verde-pal la examinarea instrumentară cu lampa Wood. Au fost constatate devieri hematologice precum anemie, leucopenie şi trombocitopenie. Modificările imunologice depistate includ: anti ANA IgG pozitiv titru 1:100, anti SS-A/Ro60, anti RNP-A, anti RNP-C, anti SmB şi anti SmD1 pozitivi.

Tratamentul cu fotoprotectoare, antimalarice de sinteză, corticosteroizi şi Griseofulvină a condus la o evoluţie lent favorabilă a procesului patologic muco-cutanat.

Discuţii

Conform studiilor de specialitate, prezenţa erupţiilor cutanate diseminate, a leziunilor la nivelul semimucoaselor şi mucoaselor, precum şi pozitivitatea anticorpilor anti-ANA, anti-dsDNA şi anti-Sm corelează cu un risc înalt de evoluţie către LES [3]. Dianosticului în acest caz a fost stabilit în prezenţa a cinci criterii: rash malar, rash discoidal diseminat, eroziuni orale, modificări hematologice şi imunologice.

Concluzii

Particularitatea cazului este raritatea LES la un copil de sex masculin, cu debut prin manifestări cutaneo-mucoase diseminate, evoluţia rapid progresivă în timp a afectării multisistemice, precum şi asocierea concomitentă cu microsporia scalpului.

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SYSTEMIC LUPUS ERYTHEMATOSUS WITH MUCOCUTANEUS AND HEMATOLOGICAL MANIFESTATIONS ASSOCIATED WITH TINEA CAPITIS – CASE REPORT

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Introduction

Systemic lupus erythematosus (SLE) is an autoimmune, inflammatory, chronic disease with multisystemic involvement. Approximately 15-20% of cases begin in childhood. The incidence in children is 2.2:100,000, the average pediatric age is 12 years. (1) Skin lesions are among the most common onset manifestations of SLE.

According to the specialized literature, 74% of patients have lesions on the skin and 45% on the mucous membranes. (2) The presence of disseminated skin lesions and hematological changes is a major indicator of evolution towards SLE. (3) The diagnostic approach includes assessing the history of the disease in concordance with clinical-paraclinical examination. Determination of the autoantibody profile is the most useful tool in confirming SLE. Basic therapy includes photoprotection, synthetic antimalarials, corticosteroids, and immunosuppressive drugs.

The study **aimed** to assess the multisystem involvement of lupus erythematosus in the pediatric population through the clinical case.

Materials and methods

We present the patient's case to explain the issue.

Result

B.I. for 12 years, assisted in the dermatology department for mucocutaneous lesions without subjective sensations. A violaceous malar rash was determined on the face, cheeks, and nasal pyramid. At the level of the bilateral ear lobes, the anteroposterior thorax, and the extension faces of the upper limbs, there were well-demarcated erythematous-papular lesions without signs of infiltration and modest atrophy, covered by adherent pluristratified scales. Among other changes, an erythematous cheilitis was noted on the semi-mucosa of the lower lip. At the level of the oral cavity, subtle well-defined erosions were found on the surface of the hard palate. Another variety of lesions were identified on the scalp in the form of erythematous-scaly, round-oval plaques, with broken hairs a few mm from emergence, without signs of atrophy and follicular hyperkeratosis. The mycological examination of the hairs revealed Microsporum Canis, as well as pale green fluorescence on instrumental examination with Wood's lamp. Hematological abnormalities such as anemia, leukopenia, and thrombocytopenia have been observed. Immunological changes detected: anti-ANA IgG positive titer 1:100, anti-SS-A/Ro60, anti-RNP-A, anti-RNP-C, anti-SmB, anti-SmD1- positive. Treatment with photoprotectors, synthetic antimalarials, corticosteroids and Griseofulvin led to a slowly favorable evolution of the mucocutaneous pathological process.

Discussions

According to specialized studies, the presence of disseminated skin eruptions, lesions on the semi-mucous and mucous membranes, and the positivity of anti-ANA, anti-dsDNA, and anti-Sm antibodies correlate with a high risk of evolution towards SLE. (3) Diagnostics in this case were established in the presence of 5 criteria: malar rash, disseminated discoid rash, oral erosions, hematological and immunological changes.

Conclusions

The relevance of the case is the rarity of SLE in a male child with an onset through disseminated skin-mucosal manifestations, the rapidly progressive evolution of the multisystemic involvement, and the simultaneous association with the scalp Microsporia.

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LUPUS ERITEMATOS CUTANAT SUBACUT, TIP ERITEM POLIMORF – CAZ CLINIC

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Introducere

În cadrul lupusului eritematos cutanat, forma subacută (SCLE) reprezintă un subtip distinct din punct de vedere clinic, serologic și genetic. Frecvența SCLE este cuprinsă între 7 și 27% dintre formele clinice întâlnite la pacienții diagnosticați cu lupus eritematos cutanat [1]. Clinic, se manifestă prin macule/papule eritematoase care evoluează