On physical examination, apparently the lady is healthy, with an egg-shaped oval indurated white pinkish area on the mid right buttock (figure 1). Blood routine investigations were within normal ranges. A biopsy confirmed the clinical diagnosis localized scleroderma, as the dermis was thick with collagen bundles that lay haphazardly.

The lady was pregnant, so I proposed the intralesional steroids one shot. The lady then dropped out and never came back for a follow up as suggested.

Trauma has been implicated as an important trigger of morphea, both in children and in adults [1-2]. The local traumatization of the affected cutaneous area appears to be the triggering factor for the development of a sclerotic area in the lady buttock. Morphea usually occur without any specific provocations. However some initiators were claimed to be the culprit such as vaccination [1], infections, injury [3], irradiation [4-6] and trauma [7].

Further claims in the literature documented as well such as burns, chickenpox, limb immobilization, spinal cord injury, vibration, arterial ischemia [7], exposure to chemicals, like organic solvents, toxic oil, l-tryptophan, pentazocine, vitamin K1, and corticosteroids, has been related to scleroderma [7]. Injection of a variety of chemical substances or drugs, such as paraffin, bleomycin, methysergide, pentazocine, vitamin K1, and corticosteroids, has been reported as a cause of scleroderma or scleroderma-like illness [7]. Lastly, body piercing has been invoked as a cause of diffuse scleroderma in teenagers [7].

It is thought that three main components to trigger the morphea development, explicitly blood vessels, immune system and fibroblasts. The derangement of the first two would incur dysregulation of fibroblast as postulated. Even some genetic element has been found and where trauma could initiate the sclerosis process [9]. Morphea usually takes some time to develop and the patient might forget to recall the initial incident. My patient seemed to recall the event of her problem sharply and her morphea was only localized to the site of trauma and did not affect any other parts of her body.

The mechanism of developing excessive collagen production at the blamed site is difficult to understand. It could be a release of certain mediators like cytokines, fibroblast, neuropeptides [9] and growth factor which could play a major role in the development of the
sclerosis due to healing of the wound which induced fibroblast and thus more collagen production²⁰.

Many treatments has been explained and employed in the literature such as phototherapy and intralesional steroids²¹. The troublesome skin disease of morphea can happen months to years after the incident, and is usually accompanied with considerable morbidity and ache, and in addition the worrisome cosmetic aspects. Consequently, it is critical to be attentive of such condition, and to endeavor to spot patients who might be at an increased risk of developing morphea. This can inform about future consideration in such cases.

To come into conclusion: I described a straightforward case that helped in the diagnosis, where in many instance a recall bias could happen and mislead diagnosis. Morphea is an uncommon skin disorder, featured by well demarcated round sclerotic taught skin. It usually present in a middle aged women. The etiology is unknown, however some state trauma as a triggering factor³.

CONFLICT OF INTERESTS

The author declares that have no conflict of interests.

REFERENCES