

Localised scleroderma

Also known as Morphoea

What is localised scleroderma?

Morphoea is a disorder of the skin collagen. It can occur at any age but most commonly occurs in young adults and children. Females are affected twice as often as males (ratio 2:1). Morphoea is characterised by thickening of the skin. It does not usually have any internal involvement.

What causes morphoea?

The cause of morphoea is not known. Autoimmune and environmental factors have been implicated, but not confirmed. There have been cases of morphoea after infections such as measles, varicella and *Borrelia burgdorferi*.

What does morphoea look like?

The excessive accumulation of collagen in the skin makes the affected areas look and feel thickened and hard. The skin over the area becomes attached and unable to be pinched. At first, morphoea presents as a pale, ivory-coloured spot with a surrounding red or purple border.

Single or multiple oval hard lesions (plaques) appear more commonly on the trunk and extremities. Less commonly, the affected areas can be widespread (generalised) or affect deeper structures. Linear morphoea, a particular form of the condition, presents as a very thick band that produces contractures in fingers, arms or joints or affects important structures such as the “en coup de sabre” which gets its name from its similarity to a sabre wound on the face and forehead.

How is morphoea diagnosed?

The condition is usually diagnosed by a dermatologist. Once a diagnosis is suspected from a medical history and skin examination, a tissue sample from the affected area is taken to confirm the diagnosis. There are no specific blood tests available that can help to confirm the diagnosis but they can be used to rule out an underlying medical condition.

How is morphoea treated?

Most cases heal spontaneously. The aim of treatment is to reduce inflammation and the deposits of collagen. The type of treatment will depend on the extent or severity of the disease. Some commonly used treatments include topical or systemic steroids, topical vitamin D analogues, oral methotrexate or cyclophosphamide, intralesional therapy and phototherapy. Severe or complicated cases may require a combination of therapy and referral to other specialties (such as surgery and physiotherapy).