DERMOSCOPY AND SKIN IMAGING

DERMATOSCOPY OF PAPULONECROTIC LESIONS IN A 43-YEAR-OLD MALE WITH MUCHA-HABERMANN DISEASE

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Background: Febrile ulceronecrotic Mucha–Habermann disease is a severe variant of pityriasis lichenoides et varioliformis acuta (PLEVA). It is a rare condition with less than 100 cases reported in the world with higher incidence in young male individuals and a potential for a fatal outcome.
The etiology and pathogenesis of Mucha-Habermann disease (FUMHD) and PLEVA is yet not fully understood, three main theories existing to a date suggest a possible inflammatory reaction induced by infectious agents and/or medication, an inflammatory response secondary to a T-cell dyscrasia and an immune complex-mediated hypersensitivity vasculitis.
Diagnostic criteria for FUMHD proposed by Nofal et al. in 2016 include constant (fever, acute onset of generalised ulceronecrotic papules and plaques, rapid and progressive course without any tendency to spontaneous resolution, histopathology consistent with PLEVA) and variable features (previous history of PLEVA, mucous membrane involvement, systemic involvement).

Observation: We present a case of a 43-year-old male with Mucha-Habermann disease with generalised pruritic papulonecrotic rash and episodes of fever. At the time of the disease onset the lesions rapidly appeared in crops in the areas typical for PLEVA: sides of the trunk, flexural areas of arms and thighs; within one week the rash has extended to the rest of the body, including palms and genital area. Histopathologic examination revealed skin changes consistent with those of PLEVA.
Dermatoscopic examination showed lesions with a characteristic concentric pattern: a structureless centre (whitish-pink, orange-red, dark red, brown – depending on the stage of the development of the lesion) surrounded by a thick ring of coiled and clod-type blood vessels, some of them non-blanchable, with a pink or orange-red background.

Key message: Dermatoscopy may serve as an additional non-invasive diagnostic tool assisting in differentiating Mucha-Habermann disease and PLEVA from clinically similar skin disorders in the setting when a prompt histopathologic examination is not available.