



DERMOSCOPY AND SKIN IMAGING

DERMOSCOPY FEATURES OF LICHEN AMYLOIDOSIS

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Background: Primary cutaneous amyloidosis (PCA) is a relatively common skin disorder among Asians and South Americans.^{1,2} As it is a pruritic and potentially disfiguring disorder, this disease may impact greatly on a patient's social and emotional status. There are several subtypes of PCA and its classification is based on different clinical appearances. The most common subtypes are macular amyloidosis (MA) and lichen amyloidosis (LA)

Dermoscopy might be a powerful tool to provide valuable information for the diagnosis of PCA.

Observation: We reported the case of a 67 year old man with a 3-year history of a pruritic papular eruption on the lower legs

Clinical examination revealed multiple nonfollicular papules coalescing into plaques on the lower

limbs, under dermoscopy, each papule showed a whitish scar-like centre surrounded by some brownish dots, histopathology was consistent with the diagnosis of lichen amyloidosis with compact orthohyperkeratosis, acanthosis and amorphous amyloid deposits with melanin granules in the dermal papillae.

Key message: Lichen amyloidosis (LA) is the commonest form of primary localized cutaneous amyloidosis. Patients typically present in middle age (50–60 years).

There are two major dermoscopic patterns characteristic of LA, namely, 'central hub' and 'scar-like'. Two subtypes of 'scar-like' pattern were observed, including one resembling a volcanic crater and the other displaying completely structureless morphology.

Dermoscopy could be a useful tool to provide valuable information for the diagnosis of PCA.

