ABSTRACT BOOK
ABSTRACTS

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DERMOSCOPY AND SKIN IMAGING

DERMOSCOPY OF STEROID INDUCED FACIAL DERMATITIS AND ITS CLINICAL SIGNIFICANCE

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Background: Topical steroids misuse is despairing in developing countries. Although dermoscopy is sovereign diagnostic tool, specific findings aren't attributable to steroids yet.

Objectives: To delineate dermoscopy of steroid induced facial dermatitis and correlate clinically.

Materials and methods: Dermoscopy in 30 patients with steroid induced face were noted, after ethical approval from institutional review board. Clinically, patients were divided into Subtype A (Erythema, telangiectasia), Subtype B (Erythema, telangiectasia, few papules) and Subtype C (Marked erythema, telangiectasia, numerous papules). In dermoscopy (40X, 200X), variables noted were erythema, vessel type, pigment globules, hairs and ivory white areas.

Results: Male:Female ratio was 6.5:1. Clinical lesions consistent with subtypes A, B and C were observed in 14(46.7%), 9(30%) and 7(23.3%) respectively. We suggest subtypes denote severity of steroid dermatitis.
In dermoscopy, erythema (100%) and "Y-shaped" vessels (96.7%) were commonest finding, followed by linear (76.7%) and "thick and thin" vessels (63.3%). Previously reported polygonal vessel network was seen in 40% cases only. Pigment globules (46.7%), black hairs (33.3%), ivory white areas (46.7%) and demodex "follicular openings" and "tails" (10%) were seen. Interestingly, polygonal network of vessels, black hairs and ivory white areas were significantly associated with subtype C patients (P<0.05). Hence, we suggest these findings could mark severity of steroid damage.

Conclusion: "Y-shaped" vessels are earliest changes in steroid-induced facial dermatitis, before development of polygonal vessels or ivory white areas. Dermoscopy enhances early detection of damage, aiding in prevention of irreversible damage. Limitations are sample size and single observer bias. We recommend larger studies with multiple expert observers.

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