



DERMOSCOPY AND SKIN IMAGING

LICHEN SCLEROSUS COEXISTING WITH LOCALIZED SCLERODERMA: CLINICAL, DERMOSCOPIC, AND HISTOLOGIC CORRELATIONS

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Background: The coexistence of lichen sclerosis (LiS) and localized scleroderma (LoS) has sporadically been reported in the literature. Dermoscopy may be useful for in vivo noninvasive differential diagnosis, with those dermatoses showing similar clinical aspect.

Observation: A 41-year-old female was referred to our department with generalized sclerotic and atrophic patches on the trunk and forearms without itching for more than 5 years. Upon dermoscopy linear branching vessels, patchy structureless white-yellow areas, chrysalis structures and fibrotic beams were seen. Keratotic plugs were not observed in our case. A biopsy specimen obtained from her left shoulder revealed hyperkeratosis, atrophy and thinning of epiderm, hydropic degeneration of the basement membrane and hyalinization of the papillary dermis in papillary layer of dermis. Proliferated, dense, and hyalinized collagen fibers were observed in medium and lower dermis accompanied by a perivascular inflammatory infiltrate and a reduced number of appendages. Based on clinical, dermoscopy and histopathological findings, a diagnosis of lichen sclerosis with morphea was made.

Key message: Patients with localized scleroderma, especially those with morphea and generalized disease, frequently have concomitant lichen sclerosis. In our case, patchy structureless white-yellow areas are in correspondence with hydropic degeneration of the basement membrane and hyalinization of the papillary dermis in papillary layer of dermis. What's more, fibrotic beams indicate the hyalinization of the papillary dermis in papillary layer of dermis.

