



DERMOSCOPY AND SKIN IMAGING

THE COMPLEXITY OF DIAGNOSIS OF LICHEN PLANUS-LIKE KERATOSIS.

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Introduction: Solar lentigo and lichen-planus like keratosis are very common lesions located on the skin of the face, most commonly among people with pale skin (Fitzpatrick I-II). They are typically located on the skin of the forehead, neck or ear. Clinical examination and dermoscopy improve the diagnostic accuracy of both, but differentiation from malignant skin neoplasms can be difficult, especially in highly pigmented ones. Although clinical findings in solar lentigo are well known and often clear, lichen-planus like keratosis can be a challenge for both dermatologists and pathologists. Lichen planus-like keratosis looks appears mainly as a solitary, scale flat plaque or macule. It is a pink or blue-gray lesion, sometimes black what makes it similar to lentigo maligna.

In dermoscopy lichen-planus like keratosis shows hyperpigmentation, grey granules and erythema.

In confocal microscopy, in the superficial layer there is regular epidermal architecture, partially with densely packed round papillae. In the upper dermis the inflammatory reaction with lymphocytes and melanophages - single or aggregated, bright, triangular, non-nucleated cells occurs. Aggregates of melanophages are seen in dermoscopy as gray granules (peppering).

In histopathology evaluation the superficial, epidermal layer shows features of lentigo solaris. In the upper dermis there are aggregates of inflammatory cells, well seen in dermoscopy as "peppering" and in confocal microscopy as numerous bright, small cells. This feature may mislead the right diagnosis into melanoma Dubreuilha.

Conclusion: The complex diagnosis of lichen planus-like keratosis is a great challenge for both dermatologist and pathologist, because of many features often similar to those seen in melanoma malignum and simple solar lentigo. Early diagnosis of lichen planus-like keratosis can help to avoid an unnecessary excision and deformation of the face.

