

DERMOSCOPY AND SKIN IMAGING

## THE DERMOSCOPY OF THE PARTICULAR FORMS OF LICHEN

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Background: The diagnosis of lichen can be difficult in atypical forms; hence the interest of dermoscopy.

Objective: Our goal was to describe the different dermoscopic patterns of lichen in its atypical forms.

Materials and Methods: A descriptive and analytical study of the dermoscopic images of the atypical forms of lichen of the glabrous skin (pigmented, inverted and hypertrophic) was conducted in patients followed in our department for a period of two years.

Results: We collected 17 patients with pigmented lichen (10 cases), hypertrophic (5) and inverted pigmented (2) of phototype IV. Clinically, pigmented and inverted pigmented lichen were characterized by poorly infiltrated plaques. The hypertrophic lichen appears as infiltrated plaques at the popliteal fold (inverted) for one case and on the legs for the other cases. Dermoscopy of the pigmented and inverted lichens found Wickham striae (WS) round, ringing or annular in 11 cases, surrounded by pigmented spots (8 cases), red dots (1), linear vessels (1) and peripheral erythema (1); a granular annular appearance was observed in 8 patients with pigmented lichen, a patient with inverted pigmented lichen and a homogeneous brown appearance in a patient with inverted lichen. For hypertrophic lichen: annular WS, keratotic plugs, whitish and pigmented areas were found on a pink background in 3 cases without vascularization, for the 2 other cases, the keratotic plugs were of high density and confluent by place giving a papillary appearance with a vascularization made of dots and globules vessels.

Conclusions: The association of WS, scattered pigmented spots, or granular annular pattern was associated with the diagnosis of pigmented lichen, whereas annular WS and keratotic plugs were associated with hypertrophic lichen. The dermoscope facilitates the diagnosis of particular forms of lichen. This can prevent invasive biopsies especially in the face.





