



DERMOSCOPY AND SKIN IMAGING

# THE USE OF DERMATOSCOPY AND REFLECTANCE CONFOCAL MICROSCOPY FOR THE EARLY DIAGNOSIS OF THE ELASTIC PSEUDOXANTHOMA AND FOR THERAPEUTIC MONITORING

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Pseudoxanthoma elasticum (PXE) is a hereditary connective tissue disease characterized by calcification and progressive fragmentation of the elastic fibers of the skin, retina and artery wall. The estimated prevalence is between 1 / 25,000 and 1 / 100,000. The ratio of male females is 2: 1 but the cause of this prevalence of women is still little known. Skin lesions appear in the second decade and increase in number and severity during adolescence. The disease is clinically heterogeneous, may be limited to only one organ in some patients, or affect the three apparatuses in others.

The skin lesions consist of asymptomatic yellowish papules that can emerge and form plaques. They mainly appear in the neck region, the flexor regions of the upper and lower limbs and are accompanied by laxity of the skin around the inguinal and axillary folds.

Dermoscopic examination shows multiple non-follicular convergent whitish areas associated with linear and reticular superficial vessels.

The yellowish color is due to both the elastolysis of elastic fibers and calcium deposits. The linear vessels of increased caliber are related to the endothelial thickening in the underlying dermis.

PXE therapy is based on the administration of oral magnesium, hydrochloride and a low lipid and calcium diet.

The dermoscopic examination can represent a valid non-invasive diagnostic aid for diagnostic confirmation and to evaluate the response to treatment.

In this regard, three clinical cases of patients with PXE will be presented and discussed in which baseline dermoscopic and reflectance confocal monitoring was performed and during follow-up to validate the effectiveness of the therapy.

