

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

DERMOSCOPY AND SKIN IMAGING

USEFULNESS OF DERMOSCOPY IN LICHEN AUREUS: ABOUT AN UNUSUAL PEDIATRIC CASE

Maha Lahouel (1) - M Korbi (1) - R Hadhri (2) - Y Soua (3) - K Belhareth (1) - H Bel Hadjali (1) - M Youssef (1) - J Zili (1)

Fattouma Bourguiba Hospital, Department Of Dermatology, Monastir, Tunisia (1) - Fattouma Bourguiba Hospital, Department Of Anatomopathology, Monastir, Tunisia (2) - Fattouma Bourguiba Hospital, Department Of Dermatology, Monsatir, Tunisia (3)

Background: Lichen aureus (LA) is a rare chronic pigmented purpuric dermatosis characterized by rust macules, papules or plaques, mainly on the legs. It often affects young adults. But it can occur during childhood. The diagnosis is made on the basis of clinical and histopathological features. Recently, dermoscopy has providen valuable information to support the clinical diagnosis of LA.

Observation: A 10-year-old girl presented with a-3-month history of asymptomatic, progressively enlarging, round brownish lesion over the inner sides of both ankles with a perfect symmetrical distribution. Her medical history and systemic examination were normal. The diagnosis was challenging evoking: nummular eczema, morphea or lichen aureus. So, we opted for the dermoscopy examination. It showed coppery-red pigmentation on background, permeated by dark brown network. In addition, punctate vessels were seen especially in the periphery of the lesion. The diagnosis of LA was therefore strongly evoked. The histological examination of skin biopsy confirmed the diagnosis, showing a band-like inflammatory infiltrate in the superficial dermis, composed of lymphocytes and histiocytes, associated with lymphocyte exocytosis, red blood cell extravasation and haemosiderin deposition.

Key message: In some cases of atypical LA such as our cases (occuring in child with symmetrical distribution of cutaneous lesions), the differential diagnoses can be hardly ruled out. So, the dermoscopy, revealing additional features, can be highly valuable for correct diagnosis. Indeed, dermoscopy findings of LA include a diffuse copper-red background, explained by dermal infiltrate of lymphocytes and histiocytes, with gray dots histologically produced by hemosiderin-laden macrophages. Red globules may be present along with round to oval dots by extravasation of red blood cells from dilated capillaries in the papillary dermis. Our observation confirms therefore the usefulness of the Dermoscopy in atypical cases of LA.





