



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

CLINICOPATHOLOGICAL REVIEW OF 40 CASES OF ADULT-ONSET BLASCHKOLINEAR DERMATOSIS

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Introduction: Various acquired skin diseases such as lichen striatus, adult blaschkitis, linear lichen planus, and linear psoriasis present as linear dermatoses along Blaschko's lines. Since the first description of a case of adult blaschkitis by Grosshans in 1990, the existence of this entity has been a matter of great debate. Furthermore, although there were many arguments to distinguish adult blaschkitis from lichen striatus, clear distinction between the two diseases lacks evidence.

Objective: We aimed to conduct a clinicopathological review of all adult-onset blaschkolinear dermatosis in our institution and to provide readers a more updated understanding of these conditions especially focusing on comparing lichen striatus and adult blaschkitis.

Materials and methods: Through a clinicopathological differential diagnosis process, 27 cases of lichen striatus, three of adult blaschkitis, eight of linear lichen planus, and two of linear psoriasis were identified from 2005 to 2012. We retrospectively reviewed the clinicopathological features of all patients who clinically showed linear dermatosis along Blaschko's lines.

Results: Clinicopathological differences between lichen striatus and adult blaschkitis were mostly insignificant except for age at onset and multiple site involvement. In lichen striatus and adult blaschkitis cases, females were affected more than three times as frequently as males. The mean age at onset was 31.6 years, and the most common involved site was the lower limb. Pruritus was present in one-third of cases. The lesions lasted approximately 8.3 months with few relapse. The most common histopathological finding was perivascular infiltration followed by peri-appendageal infiltration of inflammatory cells.

Conclusions: Clinicopathological distinction between lichen striatus and adult blaschkitis seems unnecessary given their overlapping features. Therefore, we recommend that clinicians only use the term lichen striatus when describing acquired inflammatory linear





dermatosis along Blaschko's lines after careful histopathological exclusion of linear lichen planus and linear psoriasis.

