INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

LINEAR ATROPHODERMA OF MOULIN: A CASE REPORT.

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Introduction: Linear atrophoderma of Moulin (LAM) is a rare dermatosis, characterized by linear hyperpigmented and atrophic lesions. Since its first description by Moulin et al in 1992, about thirty cases have been reported. We report an unusual case of LAM with bilateral localization of the lesions.

Observation: A 22-year-old patient presented to our department with a 3 years history of hyperpigmented skin lesions. The clinical examination found brownish macules, non-sclerotic blascko-linear bands at arms, forearms, right leg and flank. Cutaneous lesions were atrophic and not preceded by inflammatory involvement. The biopsy showed hyperpigmentation of the basal layer of the epidermis associated with a perivascular lymphocyte infiltrate of the dermis. The diagnosis of atrophoderma of Moulin was established. Biological and radiological exploration revealed an autoimmune thyroiditis. The patient was treated with local corticosteroid therapy, calcipotriol and depigmenting agents with a disappointing result.

Key message: LAM is a rare linear dermatosis that presents in childhood or early adolescence, as asymptomatic hyperpigmented unilateral and atrophic linear bands along Blaschko's lines. Typically, the lesions develop without preceding inflammation and are devoid of subsequent induration or sclerosis. It primarily affects the trunk and limbs. Their linear arrangement following the lines of Blaschko distinguishes it from the atrophoderma of Pierrni and Pascini (APP). Our case is peculiar by bilateral involvement and is to our knowledge the second case reported in the literature. Linear scleroderma is the main differential diagnosis. Although some consider that ALM, APP, scleroderma in band belong to the same pathological spectrum. According to some authors, ALM is an abortive form of morphea. An association with antinuclear antibodies, was reported in two cases of ALM.