



PIGMENTATION

A CASE OF LICHEN PLANUS PIGMENTOSUS AND FRONTAL FIBROSING ALOPECIA IN A FILIPINO WOMAN

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Background: Most of the time, facial hyperpigmentation and pigmentary lesions are often difficult to distinguish in skin of color. Lichen planus pigmentosus (LPP), a condition of unknown etiology presents with ashy pigmentation over exposed areas. Frontal fibrosing alopecia (FFA) is an uncommon variant of lichen planopilaris and presents with progressive recession of the frontotemporal line. To date, coexistence of lichen planus pigmentosus and frontal fibrosing alopecia in Filipino has never been reported.

Observation: This is a case of a 54 year old Filipino woman with Fitzpatrick skin type IV-V, housewife, who consulted for two year history of hyperpigmented patches on cheeks and extensor surface of upper extremities and one-year history of frontotemporal hairloss. She denies history of chemical hair straighteners use, contact dermatitis and illicit use of drugs. Upon dermatological examination, diffuse slate-gray pigmentation were observed on forehead, cheeks, pre-auricular and perioral area. Hyperpigmented plaques and flat-topped papules observed on extensor surface of upper extremities. Scalp examination revealed focal thinning of hair on the frontotemporal area. Dermoscopy of the arm lesion showed dots and globules in a "hem-like pattern", discrete bluish-gray deposits with curvilinear distribution sparing the follicular openings with pigment accentuation. Scalp dermoscopy revealed irregularly distributed pinpoint white dots and irregular white patches. Histopathology examination revealed thinning of the epidermis with focal areas of vacuolar alteration in the basal cell layer. Necrotic keratinocytes were seen. Dermis revealed fibrosis, numerous-pigment laden macrophages, civatte bodies and perivascular and perifollicular inflammatory infiltrate of lymphocytes. Dermoscopy and Histopathology findings consistent with FFA and LPP respectively.

Key Message: Clinical picture, dermoscopy and histopathology still remains to be the gold standard in the diagnosis. The correlation between LPP and FFA is poorly understood but dermoscopy is essential in improving its diagnosis. The possibility of coexistence of LPP and FFA in Filipinos should never be excluded.

