DERMOSCOPY AND SKIN IMAGING

DERMOSCOPIC FEATURES OF GENITAL AND EXTRAGENITAL LICHEN SCLEROSUS IN ASIAN PATIENTS: A RETROSPECTIVE STUDY

Jie Liu Liu [(1)] - Jian-chun Hao [(2)]

Peking Union Medical College Hospital, Chinese Academy Of Medical Sciences And Peking Union Medical College, Dermatology, Beijing, China [(1)] - Chuiyangliu Hospital Affiliated To Tsinghua University, Dermatology, Beijing, China [(2)]

Introduction: Recently, there have been a few case reports and series describing the dermoscopic features of lichen sclerosus (LS), but reports involving large case series are few, particularly those for Asian individuals.

Objective: To identify the dermoscopic features of LS and compare the differences between genital and extragenital LS in dermoscopy.

Materials and Methods: The dermoscopic images of patients with both clinical and histological diagnoses of LS were retrospectively evaluated for the presence of predefined morphological variables according to lesions and patients.

Results: A total of 125 dermoscopic images from 30 patients were analyzed in the present study. Linear vessels (72.8%) and pinkish areas (74.4%) were mostly observed for inflammation findings in LS lesions, and the pinkish areas were more often observed in lesions of genital LS (87.9%) than in those of extragenital LS (38.2%). The noninflammatory dermoscopic features commonly observed in these lesions were white-yellowish structureless areas (99.2%), white shiny streaks(84.0%), brownish pigmentation(85.6%), and follicular plugs(50.4%). Follicular plugs were more frequently observed in extragenital lesions than in genital lesions. Other dermoscopic findings, such as peppering blue-gray dots, purpuric dots or patches, rosette signs, erosions, brownish striae, and scales, were uncommon in this study, and there was no statistical significance between genital and extragenital LS, except that purpuric dots or patches were more frequently observed in genital LS lesions than in extragenital LS lesions; compared with genital LS lesions, extragenital LS lesions more frequently displayed brownish striae. Notably, we adopted two parameters (lesions and patients) for the evaluations, but there were no differences between these two parameters, except for the higher frequency of uncommon dermoscopic features in patient evaluations.

Conclusion: Dermoscopy is useful as an auxiliary tool for the diagnostic examination of LS. It

is necessary to take several images of LS in dermoscopy for an all-around evaluation.