

Clinical Image

Dermoscopy of Hypertrophic Lichen Planus

 Ankad BS^{1*}, Beergouder SL² and Sujana L³
^{1,2,3}Department of Dermatology, S. Nijalingappa Medical College, Bagalkot, India

***Corresponding author:** Ankad BS, Associate Professor, Department of Dermatology, S. Nijalingappa Medical College, Bagalkot-587103, Karnataka State, India

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A 35 year old male patient had itchy, lichenified plaques on both the shin since 6 months. Systemic examination was unremarkable. Prurigo nodularis, hypertrophic lichen planus (LP), chronic eczema were considered for diagnosis. Skin biopsy and dermoscopy was done to confirm the diagnosis. Dermoscopy is a new diagnostic tool which allows visualization of surface as well as subsurface structures [1]. Dermoscopy has been shown to facilitate the clinical recognition of several inflammatory and infectious diseases, as well as their discrimination from skin tumors. Dermoscope gradually acquires a role similar to the stethoscope of general practitioners, becoming an irreplaceable clinical tool for dermatologists [2]. Hypertrophic LP presents as itchy plaques (Figure 1). It can be confused with other dermatoses. Authors demonstrated dermoscopic patterns that are specific to hypertrophic LP. All features were correlating with histopathological findings. Dermoscopy demonstrated pearly white areas [Wickham striae] (Figure 2, black arrows), gray-blue dots (Figure 2, red stars), comedo-like openings (Figure 2, yellow arrows) and brownish black dots (Figure 2, yellow stars). Authors believe that white areas correspond to compact orthokeratosis



Figure 1: Clinical image showing well defined hypertrophied plaques on the leg.

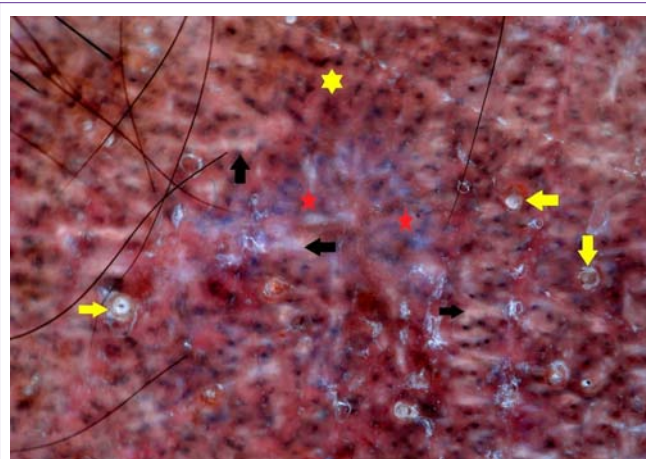


Figure 2: Dermoscopy showing pearly white areas (black arrows), gray-blue dots (red stars), comedo-like openings (yellow arrows) and brownish black dots (yellow stars).

and acanthosis (Figure 3, yellow star). Gray-blue dots were due to dermal melanophages in histopathology (Figure 3, yellow arrow). Hypergranulosis of dilated infundibulum visualized as comedo-like openings (Figure 4, yellow arrows). Epidermal melanocytes were seen as brownish black dots under dermoscopy (Figure 3, red arrow). Authors propose that these dermoscopic patterns are specific for hypertrophic LP. Since this is a preliminary observation, studies on dermoscopy and histopathology involving larger sample are recommended.

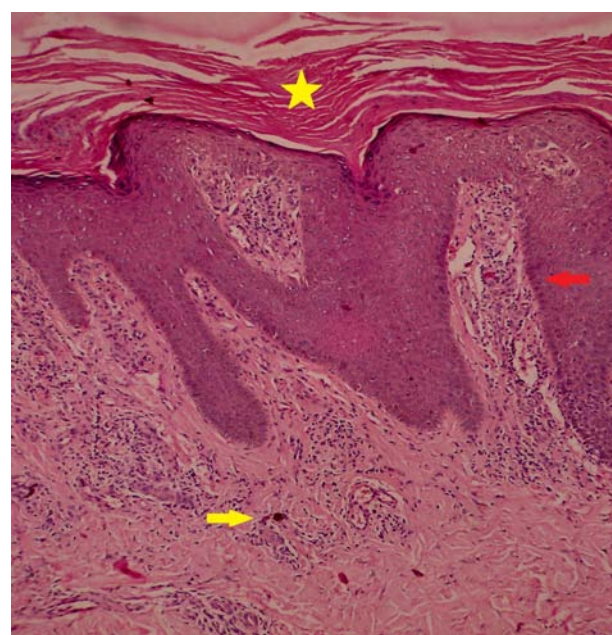


Figure 3: Histopathology showing compact orthokeratosis and acanthosis (yellow star), epidermal melanocytes (red arrow) and melanophages (yellow arrow) [H & E, 10x].

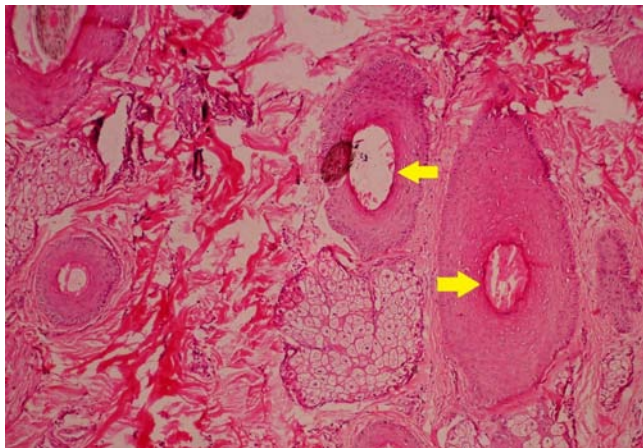


Figure 4: Histopathology showing hypergranulosis of dilated infundibulum (yellow arrows) [H & E, 40x].

References

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