

Dermoscopy of Actinic Lichen Planus

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Citation: Oba MC, Yuvruk M. Dermoscopy of Actinic Lichen Planus. *Dermatol Pract Concept*. 2024;14(1):e2024085. DOI: <https://doi.org/10.5826/dpc.1401a85>

Accepted: September 2, 2023; **Published:** January 2024

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Funding: None.

Competing Interests: None.

Authorship: Both the authors have contributed significantly to this publication.

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Case Presentation

An otherwise healthy 37-year-old woman presented to our clinic complaining of a rash on her lower eyelids that had been persistent for approximately one year. She denied use of any cosmetic products on her face. On dermatologic examination, the patient had well-circumscribed erythematous, scaly, slightly hyperpigmented thin plaques on lateral sides of both lower eyelids (Figure 1, A and B). Lesions were asymptomatic and had increased in size during summer. Dermoscopic examination revealed the presence of scales and perifollicular pigmentation on an erythematous base (Figure 1C). Histopathology revealed parakeratosis, basal vacuolar degeneration, necrotic keratinocytes, dermal lichenoid infiltration and melanophages (Figure 1, D and E). The patient was diagnosed with actinic lichen planus.

Teaching Point

Actinic lichen planus, also known as lichen planus subtropicus, is a rare photosensitive variant of lichen planus that typically affects young adults with dark complexion. Differing from classic lichen planus, Koebner phenomenon, pruritus, mucosal or nail involvement are commonly absent in actinic lichen planus [1].

Data on dermoscopic findings of actinic lichen planus is scarce. A dermoscopic study on lichen planus variants reported presence of diffuse peppering on brown background in all 10 lesions of 2 actinic lichen planus cases with the absence of Wickham striae and vascular patterns [2]. Similarly, diffuse peppering along with some hair follicles with central black dots was reported in dermoscopy of a case actinic lichen planus [1].

We presented this case of actinic lichen planus, which is a less-known subtype of lichen planus with its different dermoscopic findings.

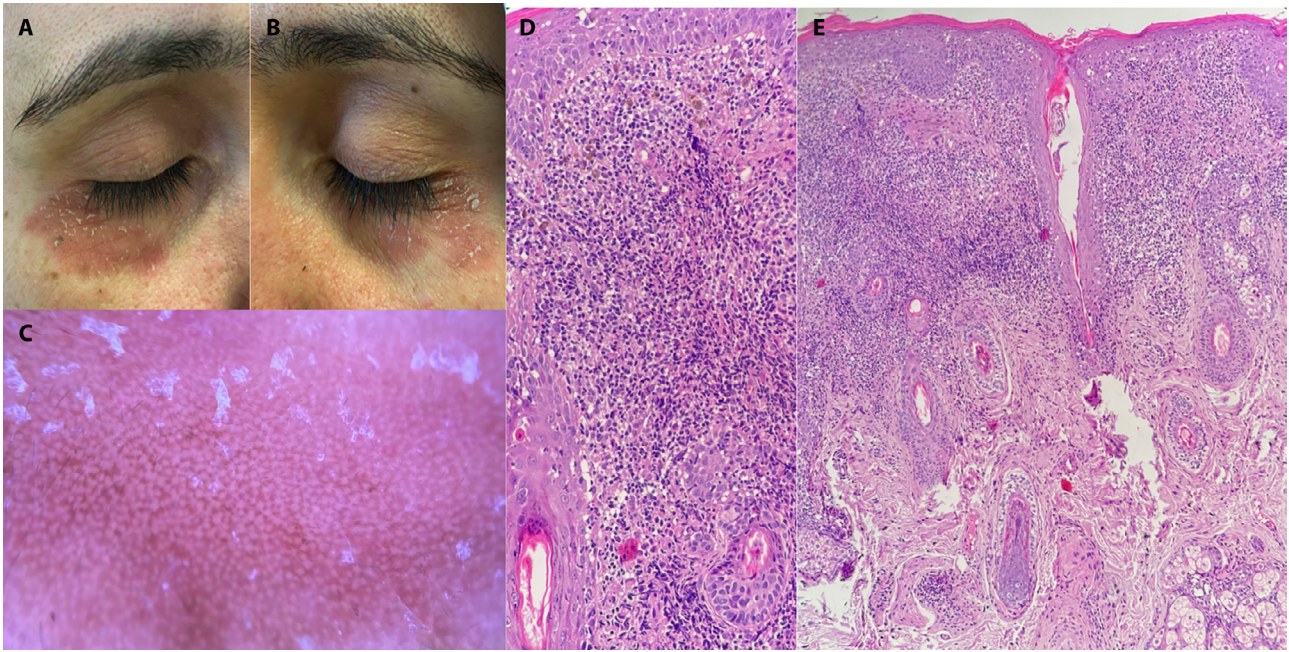


Figure 1. (A,B) Scaly plaques on both lower eyelids. (C) Dermoscopic image showing scales and perifollicular hyperpigmentation on erythematous base. (D) Basal vacuolar degeneration, dermal lichenoid lymphocytic infiltration, dermal melanophages, necrotic keratinocyte on hair follicle epithelium. (H&E x200). (E) Parakeratosis and dermal lichenoid lymphocytic infiltration (H&Ex100).

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