Dermatology Practical & Conceptual

Diagnostic Dermoscopy in Pityriasis Lichenoides Chronica and Pityriasis Lichenoides et Varioliformis Acuta: A Case Series

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Introduction

Pityriasis lichenoides chronica (PLC) and pityriasis lichenoides et varioliformis acuta (PLEVA) are subtypes of pityriasis lichenoides. They require histopathological confirmation. However, noninvasive tools such as dermoscopy can aid in the diagnosis. PLEVA and PLC dermoscopic descriptions are limited to a few case series and reports. We aimed to further describe PLC and PLEVA dermoscopic features for an early diagnosis.

Case Presentation

We present a retrospective study of 14 patients: six with PLC and eight with PLEVA. All patients had histopathologic confirmation and were treated in the dermatology department of a tertiary hospital. The dermoscopy description highlighted key characteristics of the lesion, including notable features of the blood vessels. Dermoscopic features are summarized in Table 1. For PLC patients, the mean age at diagnosis was 20 years (±12.7), with a female-to-male

Table 1. Dermatoscopic Features of Patients with PLC and PLEVA.

PLC Dermoscopic Findings (N=6)	N (%)
Superficial scales	5 (83.3%)
Light brown areas	5 (83.3%)
Orange-yellow zones	2 (33.3%)
Hypopigmentation	1 (16.7%)
Brown central rim	0 (0%)
Multiple scattered brown granules	0 (0%)
Blood vessels	
Dotted	4 (66.7%)
Linear	1 (16.7%)
Branched	1 (16.7%)
Milky red areas	1 (16.7%)
Irregular	0 (0%)
PLEVA Dermoscopic Findings (N=8)	
Halo surrounding central lesion (pinpoint ring)	6 (75%)
Amorphous areas with brownish desquamation	5 (62.5%)
Brown dots on erythematous background	4 (50%)
Central brown crusty lesion	3 (37.5%)
Papule with white central patch	1 (12.5%)
Blue-gray focal areas	0 (0%)
Blood vessels	
Dotted	5 (62.5%)
Linear	3 (37.5%)
Glomerular	1 (12.5%)

Abbreviations: PLC = pityriasis lichenoides chronica; PLEVA = pityriasis lichenoides et varioliformis acuta.

ratio of 2:1. The median disease evolution was eight months (±11.1). The most frequent dermoscopic features were light brown areas and superficial scales (83.3% for both features). The predominant vascular pattern was dotted vessels (66.7%) (Figure 1). For PLEVA patients, the mean age at diagnosis was 30 years (±14.8), with a female-to-male ratio of 7:1. The median disease evolution was 17 months (±15.3). The most common dermoscopic feature was a targetoid pattern (75%); three (37.5%) of these patients had criteria for an early-phase lesion and only one for a late-phase lesion (12.5%). Also, amorphous areas with brownish scaling (62.5%) and dotted vessels were common features (62.5%) (Figure 2). Light brown areas and superficial scales are the dermoscopic features described in PLC patients from India [1,2]; the pigmented lesions correspond to post-inflammatory hyperpigmentation [2], a finding frequently seen in our patients, in contrast with yellowish-orange structureless, which is the most frequently reported finding in the literature in patients with light skin tones [1-3]. Erricheti et al. [3] described the presence of dotted vessels, as seen in our patients, which represent dilated superficial capillaries without constant papillomatosis [1]. PLEVA is described as an early-phase lesion containing crusted brown and amorphous areas or a late-phase lesion with a central white patch, both with a targetoid or pinpoint ring aspect [4] characterized by three zones: central clod, intermediate ring white scale, and peripheral vascular ring [5]. Ankad et al. [4] correlate it to blood vessel dilation and microhemorrhages in the papillary dermis. In our patients, early-phase lesions were predominantly seen, remarkably in patients with a targetoid aspect, followed by amorphous areas with brownish scaling.

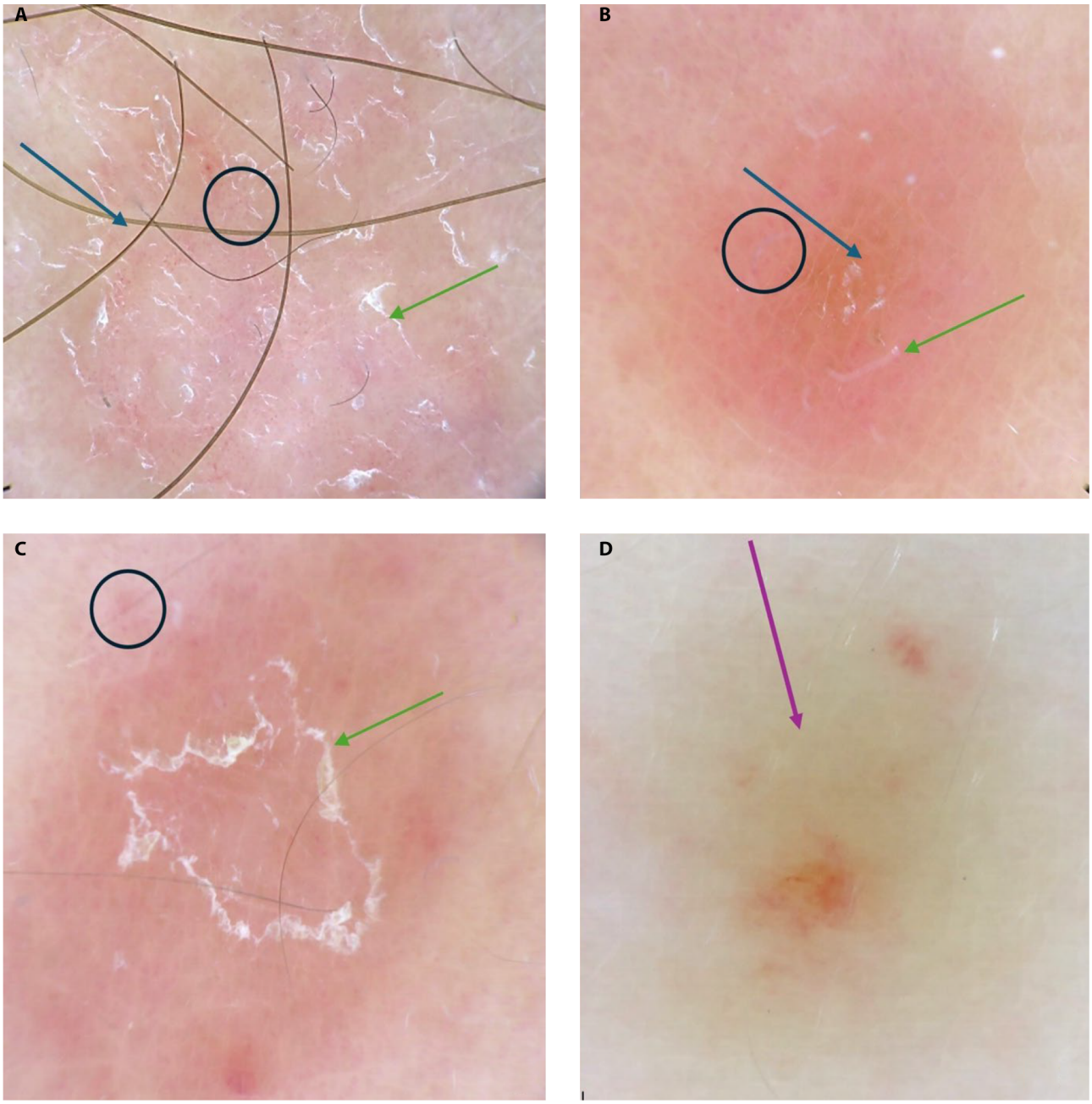

Figure 1. Dermoscopy of pityriasis lichenoides chronica. (A, B) Pinpoint pattern (blue arrows). (C) Pinpoint pattern (green arrow) and dotted vessels on an erythematous background (green arrow). (D) Dotted vessels on an erythematous background (purple arrow).

Conclusion

We highlight the use of dermoscopy as a noninvasive tool to recognize patterns and help diagnose PLC and PLEVA for timely and effective management. We propose that lesions with light brown areas and superficial scales are suggestive of PLC, while targetoid patterns are more indicative of PLEVA.

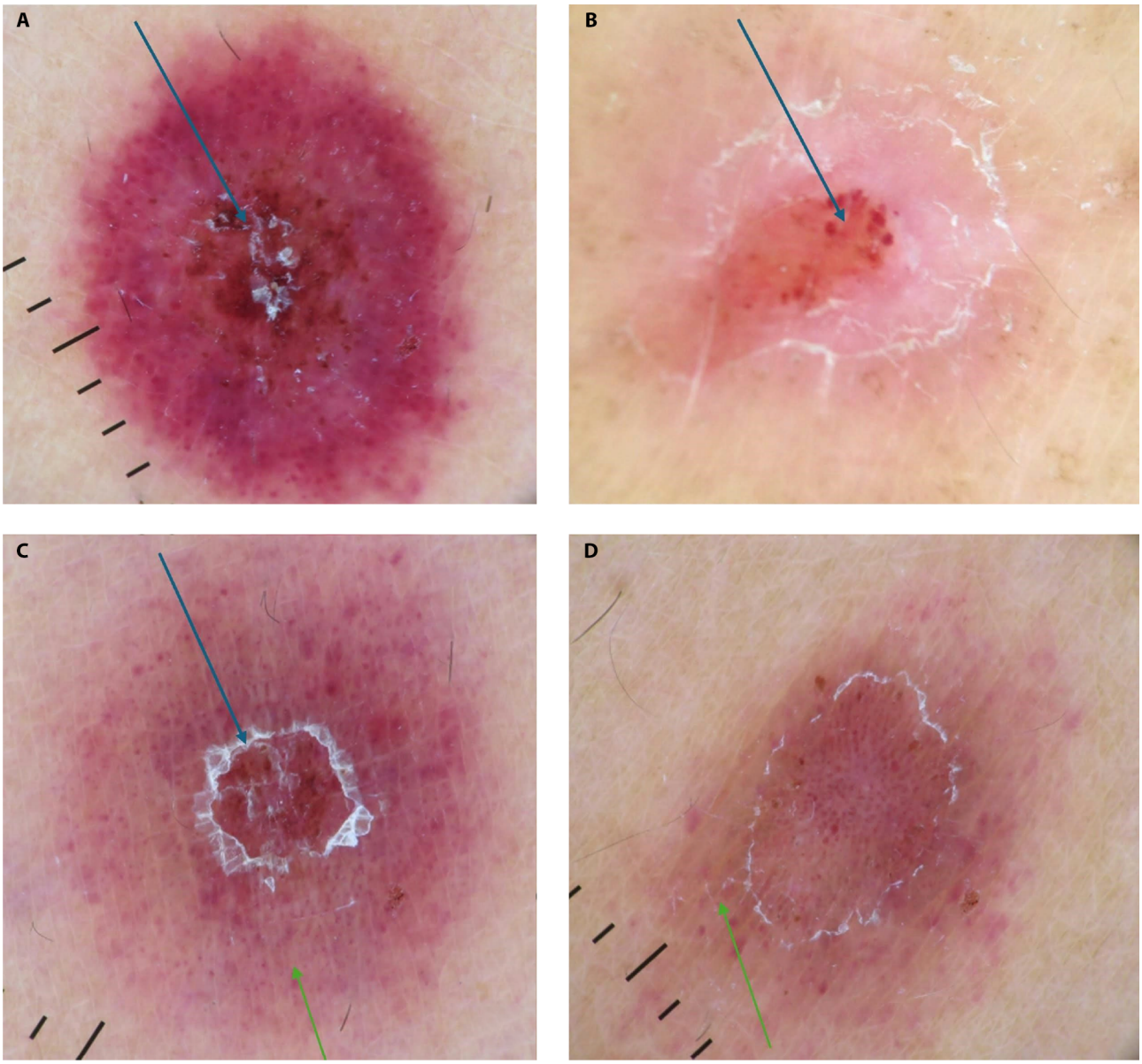

Figure 2. Dermoscopy of pityriasis lichenoides et varioliformis acuta. (A, B) Pinpoint pattern (blue arrows). (C) Pinpoint pattern (blue arrow) and dotted vessels in erythematous background (blue arrow). (D) Dotted vessels on an erythematous background (green arrow).

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