Dermatology Practical & Conceptual

Dermoscopy in the Diagnosis of Keratosis Lichenoides Striata (Nekam Disease): A Rare Clinical Entity

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Key words: Dermoscopy, Keratosis Lichenoides Striata, Nekam Disease, Clinical Dermatology

Citation: Giorgio CM, Di Brizzi EV, Balato A, Franzese P, Giorgio NM, Licata G. Dermoscopy in the Diagnosis of Keratosis Lichenoides Striata (Nekam Disease): A Rare Clinical Entity. *Dermatol Pract Concept.* 2025;15(1):5108. DOI: https://doi.org/10.5826/dpc.1501a5108

Accepted: October16, 2024; **Published:** January 2025

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

Ethics Statement: The patients in this manuscript have given written informed consent to publication of their case details**.** This study follows the ethics guidelines.

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Introduction

Keratosis lichenoides striata (KLS) is a rare, self-limiting linear dermatosis of unclear etiology primarily affecting children and young adults [1]. The lesions are typically distributed along the lines of Blaschko, believed to represent embryonic developmental patterns of epidermal cells. Although KLS resolves spontaneously, its clinical overlap with psoriasis, lichen planus, and eczema can complicate diagnosis [2]. Dermoscopy has emerged as an effective diagnostic tool to differentiate KLS from these conditions.

Dermoscopic Findings

Background Color

KLS lesions display a milky pink hue, which transitions to a red base. This background is a distinguishing feature and reflects underlying superficial perivascular lymphocytic infiltrate seen histologically, differentiating KLS from psoriasis, which often shows a more uniformly erythematous base.

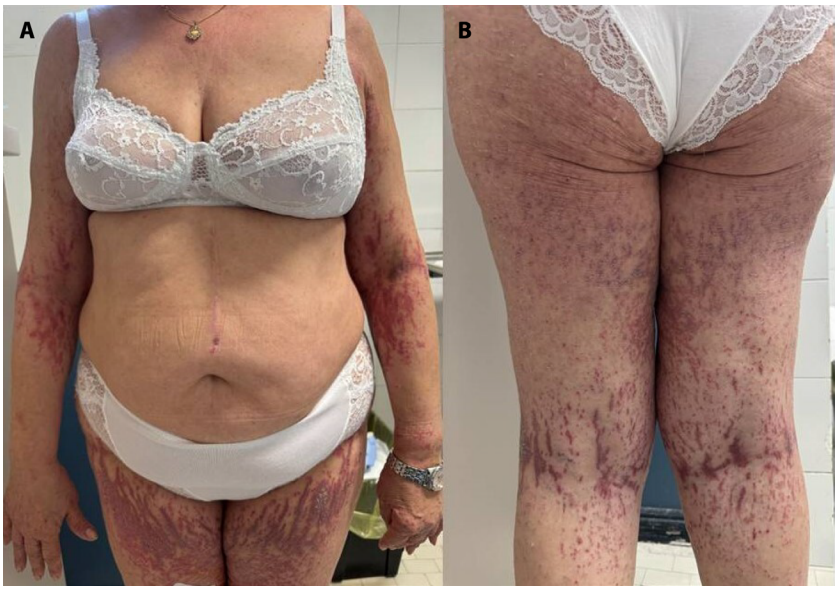

Figure 1. (A, B) Clinical images of a 63-year-old woman affected by keratosis lichenoides striata.

Scales and Crusts

KLS is characterized by irregular, unevenly distributed scales or crusts. This contrasts with the uniform, silvery scales typically seen in psoriatic plaques, providing an important diagnostic clue. The uneven scaling reflects areas of parakeratosis and hyperkeratosis, indicating epidermal proliferation secondary to chronic inflammation.

Vascular Structures

The vascular pattern in KLS consists of dotted and glomerular vessels, distributed irregularly across the lesion. This contrasts with the more regularly spaced dotted vessels seen in psoriasis. Dotted vessels correspond to dilated capillaries in the superficial dermis, while glomerular vessels signify increased vascularization in more inflamed areas (Figures 1 and 2).

Differential Diagnosis on Dermoscopy

Psoriasis

Psoriatic plaques typically feature uniformly distributed dotted vessels against a bright red background, along with thick, silvery white scaling. In contrast, KLS has irregular scaling and scattered dotted or glomerular vessels.

Lichen Planus

Lichen planus shows hallmark Wickham striae, which are absent in KLS. Lichen planus also tends to have a violaceous hue, while KLS presents with a pink background. Vascular patterns in lichen planus are less pronounced compared to KLS.

Eczema

Eczema may present with yellow serocrusts, reflecting exudation, which is absent in KLS. The vascular pattern in eczema typically consists of linear vessels, as opposed to the dotted and glomerular vessels of KLS.

Conclusions

Keratosis lichenoides striata is a rare, self-limiting condition that can mimic more common inflammatory dermatoses. Dermoscopy plays a crucial role in differentiating KLS by identifying features such as a milky pink background, irregular scaling, and variable vascular patterns [3]. By correlating these dermoscopic findings with histopathology, clinicians can achieve an accurate diagnosis without unnecessary biopsies, thus improving patient management and care.

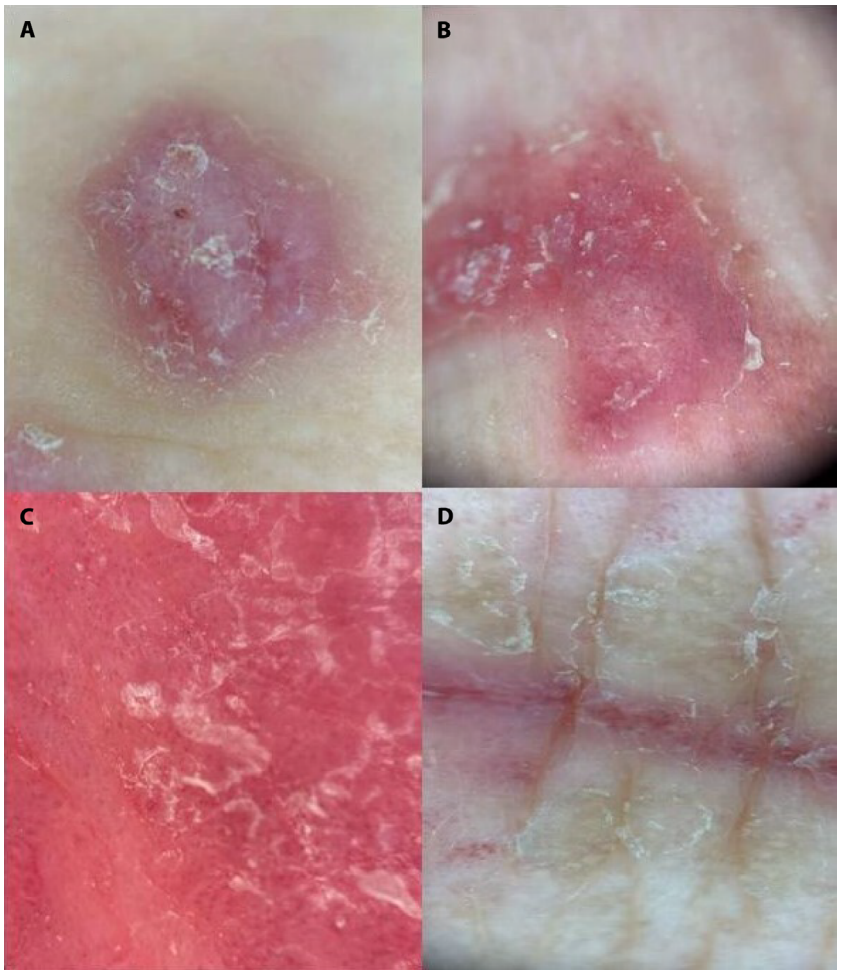

Figure 2. (A-D) Dermoscopic images of keratosis lichenoides striata; a background with milky pink hues, scales, and glomerular/dotted vessels are highlighted.

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