

Dermoscopy as a Supportive Tool to Differentiate Lichen Amyloidosis From Clinical Mimickers

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Case Presentation

A 52-year-old woman presented with a 5-year history of itchy hyperkeratotic brownish papules on the legs (Figure 1A) dermoscopically typified by central brown globules surrounded by a pigmented halo (Figure 1B). Histology showed compact ortho-hyperkeratosis, irregular acanthosis, and amorphous eosinophilic material in the upper dermis which displayed positive Congo red staining and a green fluorescence under polarized microscopy (Figure 1C), consistently with a diagnosis of lichen amyloidosis.

Teaching point

Dermoscopy may be of aid in recognizing lichen amyloidosis by showing a peculiar pigmentary pattern resulting from the presence of melanin granules within amyloid deposition in dermal papilla (central globule) and basal layer hyperpigmentation/dermal pigment incontinence (peripheral pigmentation) [1]. Indeed, such dermoscopic clues are different from those visible in similar conditions, ie, pretibial pruritic papular dermatitis (dotted/globular vessels over a pinkish-white background) (Figure 1D), lichen myxedematous (white structureless areas) (Figure 1E), and lichen planus (Wickham striae) (Figures 1F) [1,2].

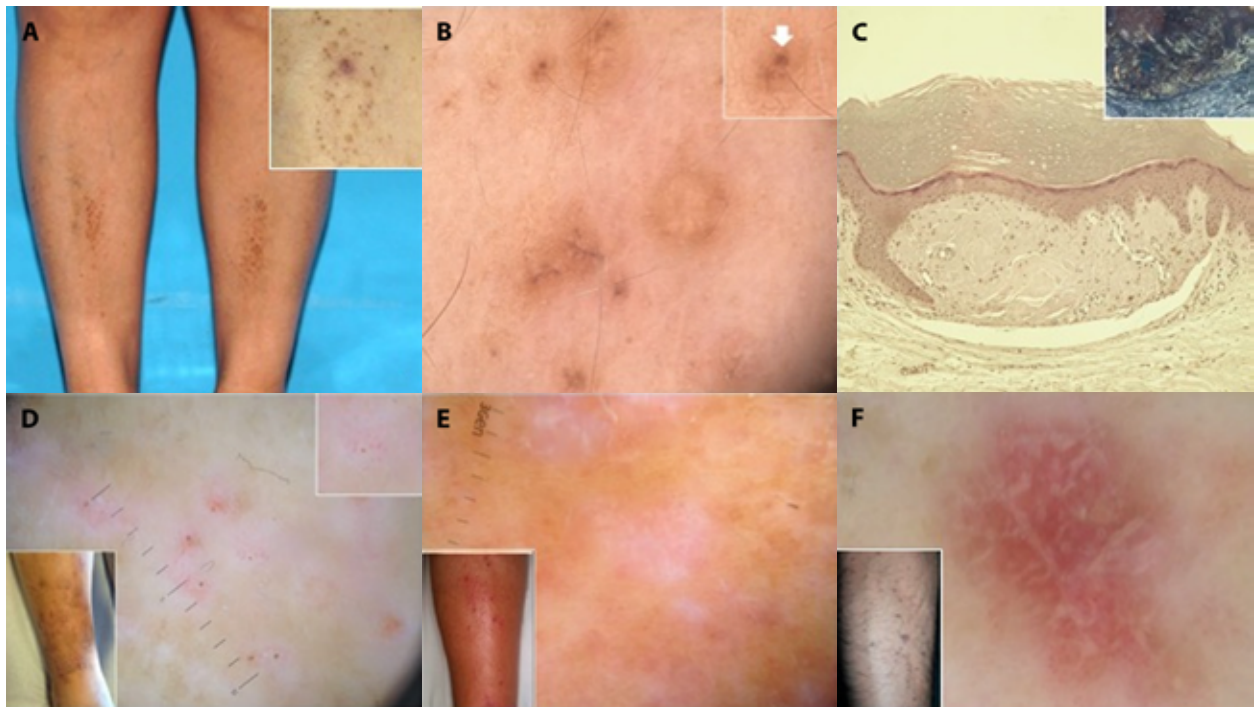


Figure 1. (A) Clinical examination shows hyperkeratotic brownish papules on the legs (better seen in the inset). (B) Dermoscopically characterized by central brown globules surrounded by a pigmented halo (magnification in the inset). (C) Histology (H&E; 100x) reveals compact orthohyperkeratosis, irregular acanthosis, and amorphous eosinophilic material in the upper dermis which is typified by a green fluorescence under polarized microscopy (inset). (D-F) Dermoscopic features of the main clinical mimickers of lichen amyloidosis, namely, pretibial pruritic papular dermatitis (dotted vessels over a pinkish-white background – magnification in the upper right inset) (D), lichen myxedematosus (white structureless areas) (E), and lichen planus (Wickham striae) (F).

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