Diagnostic Usefulness of Dermoscopy in Differentiating Lichen Planus Pigmentosus from Ashy Dermatosis

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Abstract
Lichen planus pigmentosus is considered a rare variant of lichen planus. It is characterized by acquired dark brown to gray macular pigmentation localized on sun-exposed areas. As lichen planus pigmentosus, ashy dermatosis is also characterized by pigmented lesion and is commonly found in dark-skinned patients. It can be difficult to distinguish lichen planus pigmentosus from ashy dermatosis by the naked eye [1]. Dermoscopy can be applied to skin lesions, revealing additional features that can be highly valuable for correct diagnosis. Skin lesions were evaluated via polarized dermoscopy. On dermoscopy, a brownish background with brownish – blackish globules and dots with a linear distribution were found in lichen planus pigmentosus. A bluish background with small bluish dots and globules and white areas were seen in ashy dermatosis. Dermoscopy could provide valuable information for the diagnosis of LPP and aids in differentiating it from ashy dermatosis.

Keywords: Dermoscopy; Diagnosis; Lichen planus pigmentosus; Ashy dermatosis

Introduction
Lichen planus pigmentosus (LPP) is considered a rare variant of lichen planus. It is characterized by acquired dark brown to gray macular pigmentation localized on sun-exposed areas but also on unexposed areas. As lichen planus pigmentosus, ashy dermatosis is also characterized by pigmented lesion and is commonly found in dark-skinned patients. It can be difficult to distinguish LPP from ashy dermatosis by the naked eye [1].

Patients and observations
Case 1
A 15-year-old Moroccan boy presented with several itchy, brown-grayish, macules on his trunk and neck. The clinical examination found 0.5 – to 4.5 cms grayish, smooth, and well-defined macules (Figure 1a). Dermoscopy showed a brownish background with brownish – blackish globules and dots with a linear distribution (Figures 1b and c).

Figure 1a: Lichen planus pigmentosus, clinical image showing multiple brown—grayish macules on his trunk and neck.
Histopathological examination of the biopsy samples showed pigmentary incontinence, melanophages, and a superficial perivascular lymphocytic infiltrate (Figure 1d). These features were compatible with the diagnosis of LPP. The patient was treated with Kligman’s formula with a 50% improvement.

**Case 2**

A 24-year-old Moroccan girl presented since 1 year with asymptomatic, grayish macules in the abdomen. She reported that they were initially erythematous without previous application of topical agent or plant. The clinical examination showed roundish 1- to 4 cms, grayish smooth macules in the abdomen (Figure 2a).

**Figure 1b**: Dermoscopic image showing a brownish background with brownish-blackish globules and dots with a linear distribution (Dermlite DL4, polarized mode).

**Figure 1c**: Dermoscopic image with high magnification.

**Figure 1d**: Histopathological examination showing pigmentary incontinence, melanophages, and a superficial perivascular lymphocytic infiltrate.

**Figure 2b**: Ashy dermatosis. Dermoscopic image showing bluish background with small grayish dots, whitish areas and rosettes (Dermlite DL4, polarized mode).