

PHOTOLETTER TO THE EDITOR

Dermoscopy in clinically atypical psoriasis

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Corresponding author:Aimilios Lallas, Hospital of Skin and Venereal Diseases, 124 Delfon street, Thessaloniki, Greece. E-mail address: emlallas@gmail.com**Abstract**

Diagnosis of psoriasis is usually established clinically, based on the characteristic morphology and distribution of lesions. However, cases of psoriasis with atypical presentation do exist. In this manuscript we report and highlight the significant role of dermoscopy in the diagnosis of three clinically atypical and heterogeneous cases of psoriasis. (*J Dermatol Case Rep.* 2012; 6(2): 61-62)

Key words:

dermoscopy, psoriasis

Red dots/globules distributed in a regular arrangement have been described as the main dermoscopic feature of plaque psoriasis.^{1,2} Diagnosis of psoriasis is usually established clinically, based on the characteristic morphology and distribution of lesions. However, cases of psoriasis with atypical presentation do exist.

The aim of the current manuscript is to report and highlight the significant role of dermoscopy in the diagnosis of three clinically atypical and heterogeneous cases of psoriasis. All of the patients remained undiagnosed until the application of dermoscopy raised the possibility of psoriasis, which was finally confirmed histologically.

Clinical examination of the 50-year-old woman presented in Figure 1A revealed flat-topped red pruritic papules located on the lumbar area, favoring the diagnosis of lichen planus. The regularly distributed dotted vessels on a light red background observed by dermoscopy (Fig. 1B) raised the suspicion of psoriasis and prompted us to proceed to histopathologic examination which confirmed the diagnosis.

In Figure 2A we present a 38-year-old man who was referred with recurrent, scattered follicular papules on his thighs, previously diagnosed as folliculitis and treated with topical antibiotics.

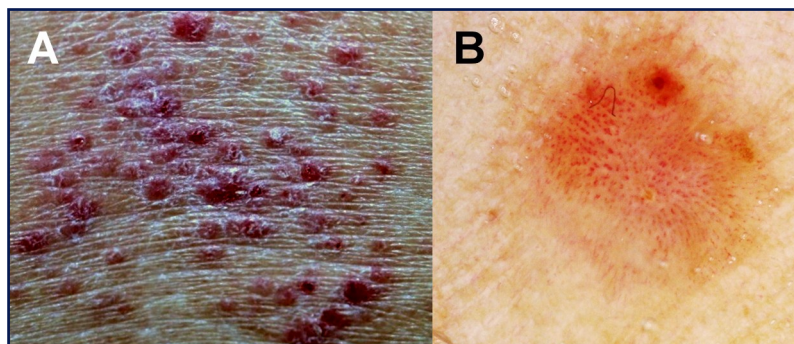


Figure 1. (A) Flat topped pruritic papules suggesting the diagnosis of lichen planus. (B) Dermoscopy reveals regularly distributed red dots favoring the diagnosis of psoriasis.

Similarly, dermoscopic examination revealed regularly distributed red dots on a pinkish red background (Fig. 2B) and histopathology confirmed the diagnosis of psoriasis.

The 26-year-old woman presented in Figure 3 was referred to our clinic in order to evaluate an exanthem over her forearms mimicking idiopathic guttate hypomelanosis and vitiligo. According to her medical history no inflammation preceded the development of the hypopigmented macules over her forearms. Subsequent dermoscopic examination showed regularly arranged red dots (Fig. 3B) and histopathology confirmed the diagnosis of psoriasis.

In the individuals presented in the current manuscript, the atypical clinical manifestations of psoriasis resulted in late diagnosis, inappropriate treatment and prolonged patients' morbidity. Dermoscopic recognition of the characteristic vascular pattern raised the possibility of psoriasis and contributed significantly to the final diagnosis.

Applicability of dermoscopy in differentiation of psoriasis from other inflammatory diseases remains uncertain, since studies focusing on diagnostic accuracy of the method are currently lacking. Taken into consideration that red dots have also been described as a dermoscopic feature of dermatitis³ and, in our experience, they also may be found in other inflammatory diseases such as pityriasis rosea, they cannot be considered as a specific dermoscopic feature of psoriasis. However, the characteristic regular distribution of red dots and possibly the background color may represent important clues favoring the diagnosis of psoriasis, as in the cases presented in the current manuscript.

Diagnostic accuracy studies evaluating sensitivity and specificity of dermoscopic features and, in this context, determining the value of dermoscopy in diagnosis of clinically equivocal cases of psoriasis, are undoubtedly needed.

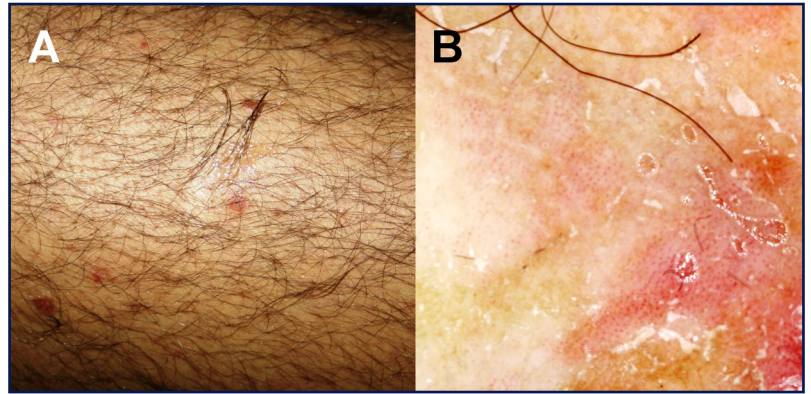


Figure 2. (A) Follicular papules on the thigh. (B) Regularly arranged red dots on a pinkish red background under dermoscopy.

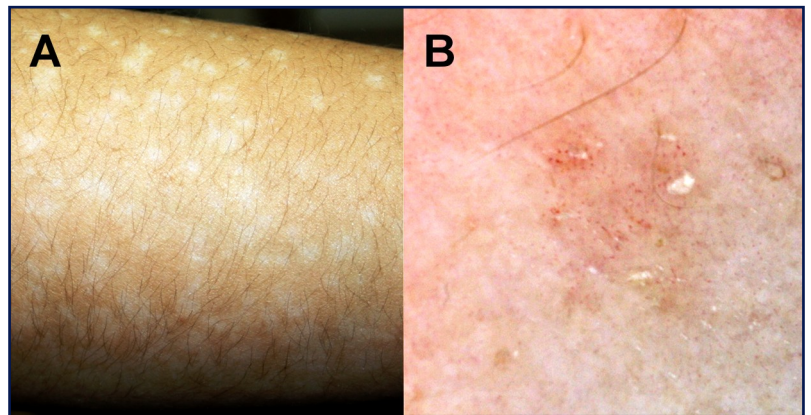


Figure 3. (A) Hypopigmented macules located on the forearms of a young woman. (B) Under dermoscopy each macule exhibits red dots.

References

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