DERMOSCOPY AND SKIN IMAGING

A PATIENT WITH MULTIPLE DERMOSCOPICS PATTERNS OF DERMATOFIBROMAS

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Background: Dermatofibroma (DF) is a common benign dermal tumor that usually occurs as a single lesion on the legs of young adults. The occurrence of multiple eruptive DF (MEDF) is rare. There are several dermoscopic patterns associated with DFs, we describe the case of a patient who had eighteen clinically similar dermatofibromas, with five distinct patters when submitted to dermoscopic examination.

Observation: A 37 years-old woman had been given the diagnosis of mixed connective tissue disease 4 years earlier (lupus erythematosus and Gougerot-Sjögren disease) and was treated with hydroxychloroquine and prednisolone. During her follow-up, she presented with rapid onset of asymptomatic papules on her thighs and buttock. Clinical examination found 18 brownish firm, non tender papules, ranging from 5 to 10 mm in diameter with dimpling signs on the limbs. Dermoscopy showed 5 different patterns. : Most lesions had a scarlike central white patch surrounded by a pigmented network. Other patterns included a homogeneous pigmented pattern, a composed pattern, lentigo-like and seborrheic keratosis-like patterns. Histopathological findings were consistent with dermatofibroma.

Key message: DFs are non-melanocytic lesions wich may present with pigment network, such as seborrheic keratosis. Theses lesions are considered an exception to the rule since the presence of such pigment network is a criterion for melanocytic lesions. The usual sterotypical dermoscopic pattern associated with dermatofibromas is a pigment network and central white patch. It corresponds to pronounced fibrosis within papillary dermis with hyperpigmented rete ridges at the edge of DF. Some atypical patterns may confuse the clinician and be misdiagnosed as a melanocytic lesions. All five dermoscopic patterns observed in this case were consistent with specific patterns already described in the literature.