



DERMOSCOPY AND SKIN IMAGING

ATYPICAL DERMOSCOPY OF SCALP SARCOIDOSIS

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Background: Sarcoidosis is an idiopathic systemic granulomatous disease, in which noncaseating granulomas formations can occur in any organ. Although rare, involvement of the scalp can occur, which might lead to cicatricial alopecia (1).

Dermoscopic features of scalp sarcoidosis had been rarely reported.

Observation: A 67-year-old woman presented with asymptomatic patchy alopecia of 8 months' duration. medical history of the patient was otherwise unremarkable.

At clinical examination, she presented with alopecic patches and diffuse hair thinning on the vertex

region, scalp erythema, and crusts.

Systemic examination revealed no abnormalities in any other organ.

Dermoscopy of the lesions showed absence of follicular ostia, diffuse yellowish to pale orange discoloration, dystrophic hairs, multiples branching vessels, perifollicular scaling and Peripilar tubular casts.

A punch biopsy specimen obtained from the affected area for histopathology confirmed the diagnosis of sarcoidosis.

Key message: Sarcoidosis may affect the scalp and may lead to scarring alopecia as a result of the destruction of the hair follicles by the granulomatous formation.

In this case, pathology showed follicular destruction by a granulomatous process affecting the deep dermis and hypodermis.

Dermoscopy showed diffuse orange discoloration, prominent telangiectasias in the scalp, which corresponded to vasodilatation in the papillary dermis, in our case it showed also tubular scales called peripilar casts caused by Perifollicular inflammation, seen usually at lichen planopilaris.

The orange spots seen at trichoscopy of lesions in scalp sarcoidosis may represent a clue to the diagnosis of this condition.

