



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

ZOSTERIFORM LICHEN AUREUS. A RARE PRESENTATION OF AN INFREQUENT DISEASE

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Background: The Lichen Aureus (LA) is a rare pigmented purpuric dermatosis (PPD) with an unknown aetiology. Clinically, presents as golden- or purplish-color grouped macules or lichenoid papules. This disease mainly occurs in the lower limbs of young adults but has also been reported in children. It can be unilateral and in rare cases bilateral, disseminated or lineal (zosteriform pattern). The histology is characterized by a band-like infiltrate of lymphocytes, macrophages and extravasated erythrocytes with hemosiderin deposits in the papillary dermis. The treatment depends on the patient. Slow and spontaneous resolution occurs over a long period of time.

Observation: We report a case of a 43-year-old male patient with LA in zosteriform pattern, with medical history of appendiceal surgery complications in the same localization. He presented with asymptomatic macular, purpuric brownish lesions located in the right iliac fossa of two months of evolution. We suspected LA, and skin biopsy was performed. The histology informs lymphocytic infiltration with a lichenoid pattern and erythrocyte extravasation in the upper dermis compatible with LA. Clinical follow-up was done for 6 months. No medical treatment was prescribed, although lesions presented some improvement.

Key message: Zosteriform pattern is a rare presentation of this disease and just a few cases were described in the literature. It's important to dismiss other diagnoses (contact dermatitis and the purpuric variant of mycosis fungoides mainly). We want to emphasize the importance of the clinical follow-up, since spontaneous resolution is seen in most cases. There are several therapeutic choices, being topical high-potency corticosteroids the first option. In addition, the combined use of phototherapy associated with psoralens (PUVA) or UVB is also described, although it was not necessary in this case.

