

A case report: The dermatoscopic finding of rosettes on extragenital lichen sclerosis



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INTRODUCTION

Lichen sclerosis is a chronic inflammatory skin disease with clinical features overlapping with morphea. On dermatoscopy, extragenital lichen sclerosis (ELS) commonly may be differentiated from morphea by the presence of yellowish-white keratotic follicular plugs lying within bright white/white-yellowish patches.¹

The rosette sign is a dermatoscopic structure seen in actinic keratoses, squamous cell carcinoma, melanoma, and basal cell carcinoma as well as some inflammatory disorders (such as lichen planus).² Rosettes are best seen with polarized dermatoscopy and are an optical artifact from dyskeratinization in adnexal openings.² To our knowledge, there have been no prior reports of the rosettes in ELS.³ We report the dermatoscopic finding of rosettes in a patient with biopsy-proven ELS.

CASE REPORT

An 81-year-old woman presented with the concern of lightening of skin. A clinical examination revealed depigmented macules coalescing into plaques on the forehead, arms, abdomen (Fig 1), and legs. Dermatoscopy of the abdomen lesions demonstrated white patches with numerous rosettes at follicular openings (Fig 2). The histopathology of the midline part of the upper portion of the abdomen showed epidermal atrophy with effacement of the rete ridges, focal hyperkeratosis, and homogenization of dermal collagen with scant chronic inflammation, confirming the diagnosis of lichen sclerosis.

DISCUSSION

We report a case of rosette sign dermatoscopically in ELS, and we believe that it may be a feature of the disease. On dermatopathology and clinically, lichen

Abbreviation used:

ELS: extragenital lichen sclerosis



Fig 1. Clinical presentation of extragenital lichen sclerosis on the abdomen.

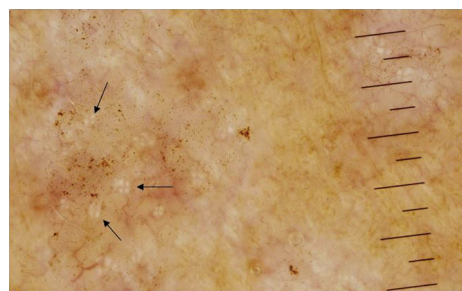


Fig 2. Two macules of extragenital lichen sclerosis (upper right and lower left) showing rosettes (arrows) within.

sclerosis often displays follicular plugging, which may correlate with the rosettes.¹ In comparison, morphea will not have follicular plugging on histopathology or clinically.⁴ The rosette sign, along with whitish plaque and comedo-like openings, may lead to earlier diagnosis and expedite proper treatment.

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The limitation of this case report is the paucity of comparable cases with this dermatoscopic finding.

Conflicts of interest

None disclosed.

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