

## Cloaked Identity: Unmasking Pigmented Macular Chronic Cutaneous Lupus Masquerading as Lichen Planus Pigmentosus

Dear Editor,

A 47-year-old female came with complaints of diffuse hyperpigmentation of her face, neck, and oral cavity for the past 6 months. The lesions were asymptomatic and started from her face to progressively involve the neck and oral cavity in 4 months. She had no history of application of hair dye, photosensitivity, joint pains, bluish discoloration of digits, or recurrent oral ulcers. She had been extensively treated outside with topical depigmenting agents with a diagnosis of lichen planus pigmentosus.

Clinical examination revealed multiple well to ill-defined brownish to slate-grey pigmented macules and patches on the face and neck, with prominent involvement of the forehead, bridge of the nose, periocular, and perioral areas [Figure 1a]. Areas of reticulate pigmentation could be appreciated over the forehead. Her ears were also involved with prominent involvement of concha [Figure 1b]. There was also the presence of depigmented atrophic areas overlying pigmented macules and patches on her forehead as well as the ear. Dermoscopy showed white structureless areas (circle), a white perifollicular halo (black arrow), speckled brown pigmentation (square), and pink-white background (blue arrow) [Figure 2]. The oral mucosa examination showed the presence of discrete brownish hyperpigmented macules and patches on the lower labial mucosa and buccal mucosa and caries in the lower incisors with pigment extending to the lower gingival margin [Figure 3]. A lesional skin biopsy was performed with the diagnostic possibility of pigmented chronic cutaneous lupus erythematosus (CCLE) [Figure 4]. The epidermis was thinned out and showed loss of rete ridges, the upper dermis showed solar elastosis along with mild lymphomononuclear inflammation and pigment incontinence, and interface change was seen as vacuolar degeneration, making the diagnosis consistent with pigmented CCLE. Antinuclear antibody test came out to be negative by indirect immunofluorescence.

Pigmented macular variant of CCLE is a rare entity and its diagnosis may commonly pose a diagnostic dilemma. Rarely, CCLE may manifest in South Asians as pigmented macules on photodistributed sites.<sup>[1]</sup> A rare morphological form of CCLE is characterized by pigmented macules that lack the erythema, follicular plugging, adherent scaling, and scarring typical of discoid lupus erythematosus.<sup>[2]</sup> A previous case series of three patients with an unusual pigmented macular variant of CCLE was reported from our center.<sup>[3]</sup> One of the clinical differentials for a case with diffuse lichenoid to slate-gray facial pigmentation should be pigmented macular lupus erythematosus (LE). The most



Figure 1: (a) Multiple well to ill-defined brownish to slate-grey pigmented macules and patches on her face and neck, with prominent involvement of the forehead, bridge of the nose, periocular, and perioral areas. (b) Ears were also involved with prominent involvement of the ear concha

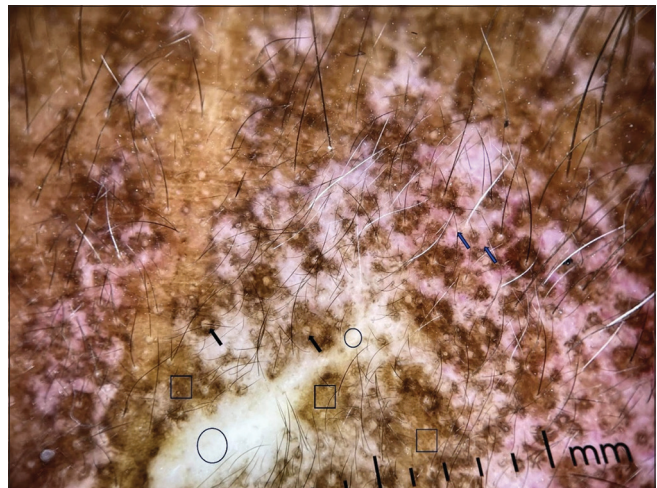
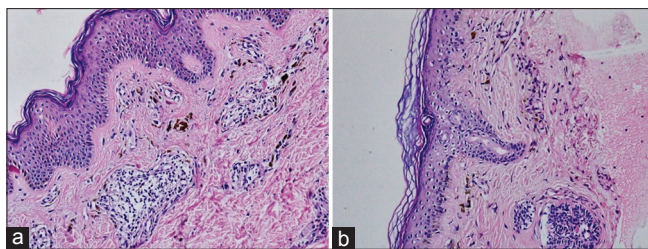


Figure 2: Dermoscopy showed white structureless areas (circle), white perifollicular halo (black arrow), speckled brown pigmentation (square), and pink-white background (blue arrow) (Dermlite IV, polarized, 10x)



Figure 3: Oral mucosa examination showed the presence of discrete brownish hyperpigmented macules and patches on the lower labial mucosa and buccal mucosa and caries in the lower incisors with pigment extending to the lower gingival margin



**Figure 4:** (a) The epidermis is thinned out and shows loss of rete ridges. The upper dermis shows solar elastosis along with mild lymphomononuclear inflammation and pigment incontinence (H&E; 40x). (b) There is interface change seen as vacuolar degeneration (H&E; 40x)

frequent causes of facial hyperpigmentation include lichen planus pigmentosus, melasma, and pigmented contact dermatitis. LE is infrequently suspected as one of the differential diagnoses. Ear involvement (Shuster's sign), atrophic changes, and subtle depigmentation overlying slate grey pigmentation in the classic distribution of acquired dermal macular hyperpigmentation are some of the features that can help in clinching the diagnosis. A closer evaluation with the aid of dermoscopy followed by a skin biopsy can lead to a conclusive diagnosis of this rare entity.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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