

Dermatoscopy of Nevus Anemicus

A 24-year-old male presented with a hypopigmented patch on left side of neck since birth. On examination, a well to ill-defined hypopigmented patch with few satellite lesions was seen in left supraclavicular area and left side of neck [Figure 1]. There was no scaling, leucotrichia, or decreased/loss of sensations. Appendages were preserved. There were no other features to suggest neurofibromatosis, tuberous sclerosis or any other vascular or pigmentary anomaly. On vigorous rubbing, no lesional erythema was observed. Diascopy with a glass slide showed blending of the borders of the lesion with the surrounding skin. On Wood's lamp examination, no accentuation was seen. A clinical diagnosis of nevus anemicus was suspected. Non-contact dermatoscopy (Dermlite, DL4) showed paucity of blood vessels in the lesional skin with diffuse erythema and linear telangiectatic vessels indicating compensatory flare in the surrounding skin [Figure 2a]. On contact dermatoscopy, the lesional skin blended with the surrounding skin with indistinguishable



Figure 1: Well to ill-defined hypopigmented patch with few satellite lesions and linear streaks in the periphery of lesion in left supraclavicular area and left side of neck

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borders. The erythema in the surrounding skin decreased in intensity and the linear telangiectatic vessels were more distinct and focused [Figure 2b].

Nevus anemicus (NA) is a rare congenital vascular anomaly characterized by hypopigmented confluent and mottled macules or patches.^[1] It may be associated with neurofibromatosis type 1, tuberous sclerosis and phakomatosis pigmentovascularis.^[2] Nevus anemicus has to be differentiated clinically from other hypopigmented lesions including nevus depigmentosus (ND), ash-leaf macules, hypomelanosis of Ito, vitiligo, pityriasis alba and leprosy. Dermoscopic

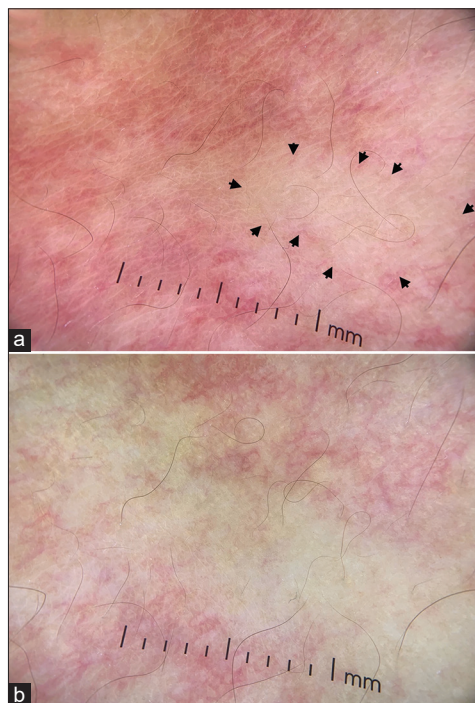


Figure 2: (a): Non-contact dermatoscopic image showing paucity of blood vessels in the lesional skin (arrow heads) with diffuse erythema and linear telangiectatic vessels in the surrounding skin (Dermlite, DL4 10x); (b): Contact dermatoscopy showing blending of the lesional skin with the surrounding skin with indistinguishable margins. The linear telangiectatic vessels are distinct and focused compared to non-contact dermatoscopy (Dermlite, DL4 10x)

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features of these hypopigmented conditions are specific, making differentiation easier.^[3] Dermoscopy of our case showed paucity of blood vessels in the center of lesion with compensatory flare in the surrounding skin and blending with the surrounding on contact dermoscopy akin to diascopy, which is well in accordance with its pathogenesis.^[2] Thus, recognition of these characteristic dermoscopic features is helpful in reaching an early clinical diagnosis.

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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Conflicts of interest

There are no conflicts of interest.

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