

Erythromelanosus follicularis faciei et colli: Dermoscopy and dermatopathology correlates



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CLINICAL PRESENTATION

A 17-year-old Moroccan boy, without medical history or similar cases in the family, presented with a 3-year history of nonitchy erythematous-pigmented patches, surmounted by follicular papules, on both cheeks, without lesions of keratosis pilaris on the body (Fig 1).



Fig 1. Erythromelanosus follicularis faciei et colli. Erythematous-pigmented patches surrounded by follicular papules on both cheeks.

DERMOSCOPIIC APPEARANCE

Dermoscopic examination found multiple round whitish areas with follicular plugs, some of which are centered by a hair, surrounded by blue gray spots or peppering. The area is surrounded by blue gray spots or peppering in a reddish-brown background (Fig 2, A and B). We also note the presence of some white scales.

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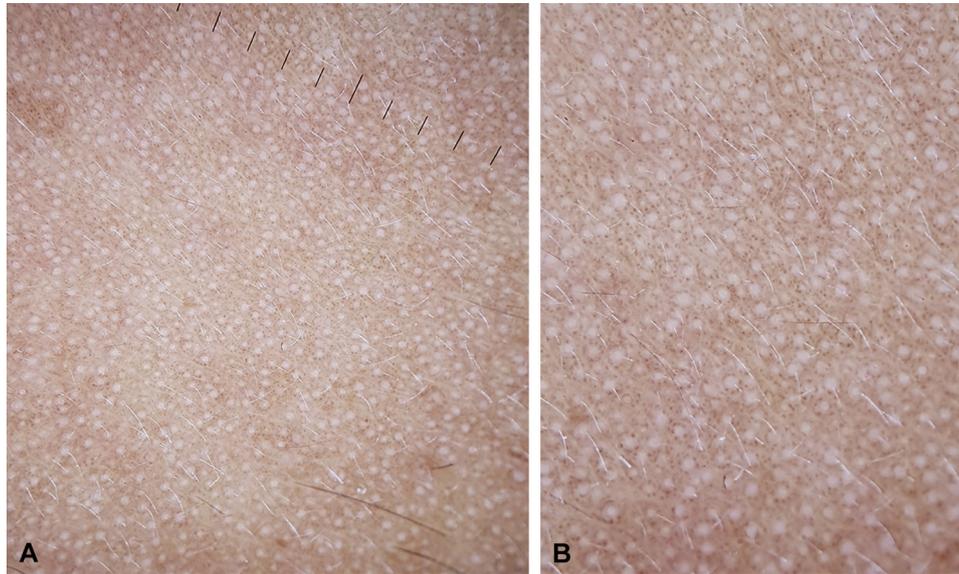


Fig 2. A and B, Erythromelanosis follicularis faciei et colli, dermoscopic features. Multiple round whitish areas with keratotic follicular plugs surrounded by blue gray spots or peppering in a reddish-brown background. (DermLite DL4, polarized; original magnification: $\times 10$.)

HISTOLOGIC DIAGNOSIS

Histologic examination of the biopsy specimen showed a slight orthokeratosis, follicular hyperkeratosis, increased basal layer pigmentation, perivascular and periadnexal lymphocytic infiltrate with vasodilatation, and pigmentary incontinence with dermal melanophages (Fig 3).

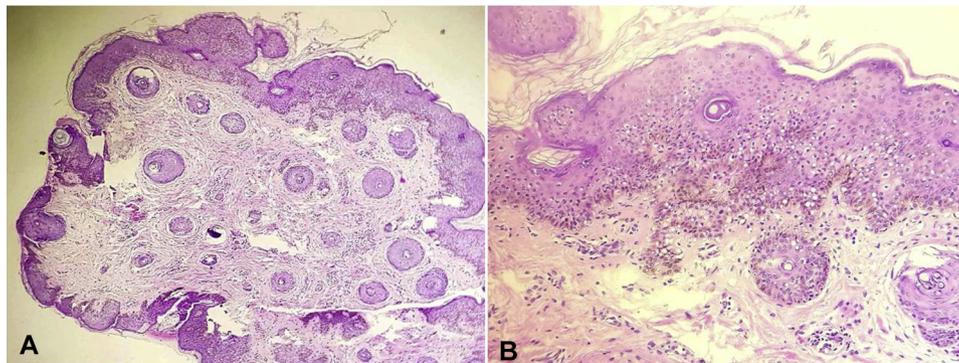


Fig 3. A and B, Erythromelanosis follicularis faciei et colli, histologic findings. Follicular hyperkeratosis, periadnexal lymphocytic infiltrate, and pigmentary incontinence with dermal melanophages.

KEY MESSAGE

Erythromelanosis follicularis faciei et colli is an uncommon dermatosis, described for the first time by Kitamura et al in 1960, in Japan.¹ There is a strong correlation between the clinical, dermoscopic, and histological aspect, hence, the interest of dermoscopy as a noninvasive technique, which can guide diagnosis. In fact, the whitish areas with follicular plugs correspond to follicular hyperkeratosis in histology, the grey blue spots/peppering concord with pigmentary incontinence, and dermal melanophages and the reddish-brown background correspond to vasodilatation and hyperpigmentation of the basal layer.

REFERENCE

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