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LETTER TO EDITORS PEER REVIEWED | OPEN ACCESS

Diagnostic usefulness of dermatoscopy in differentiating lichen planus from Plaque Psoriasis

Saàdani Hassani Cheymae, Sara Elloudi, Fatima Zahra Mernissi

To the Editors,

A 30-year-old men, with a personal and familial history of vulgar psoriasis, presented since two months, a new thrust of his psoriasis by the appearance of some plaques in the back and lower limbs. On examination, there was a well-defined, firm, shiny, curly-grained plaque on the upper back (Figure 1A). Dermoscopically, the lesion in (Figure 1B) exhibits a network of round whitish striae and brown globules, with white projections of the border at the periphery, comedo-like openings are also seen (corresponding to dilated, hypergranuloticinfundibula with orthokeratosis).

On the other hand, we noted another erythematous, slightly scaly, oval plate plaque at the lumbar level (Figure 2A), for which dermoscopy revealed a vascular pattern made of points and red blood cells with homogeneous distribution (Figure 2B). At the end of the clinical-dermoscopic data, we therefore mentioned vulgar psoriasis, hypertrophic lichen planus or pseudolymphoma. Histological examination confirmed the diagnosis of hypertrophic lichen planus for the first lesion. The clinical differentiation of Lichen Planus (LP) and Plaque Psoriasis (PP) may be a diagnostic challenge in some cases. So, histopathologic studies could help differentiate the two conditions [1]. LP is characterized by the combination of degeneration of the basal layer of the epidermis and a band like lymphocytic infiltrate obscuring the dermoepidermal junction, whereas Psoriasis is characterized by thickening of epidermis with loss of granular cell layer and formations of mounds of parakeratosis, with an elongation and dilatation of blood vessels of the papillary derma, with associated lymphocytic infiltrate [2]. Dermoscopy is a low-cost and noninvasive technique and clearly serves in PP and LP for enhancing the demonstration of vascular feature (homogeneous red globules) and a nonvascular feature (whitish striae), which are the most significant dermoscopic features in the LP pattern [3]. Dermoscopic features of LP also included gray-blue dots, comedo, milium-like cysts, and vascular structures (red lines) as reported in our case. In conclusion, our case shows that the efficacy of surface microscopy of common inflammatory dermatoses may be improved by investigating both vascular and nonvascular findings and its practicability in daily practice by using the dermoscope.

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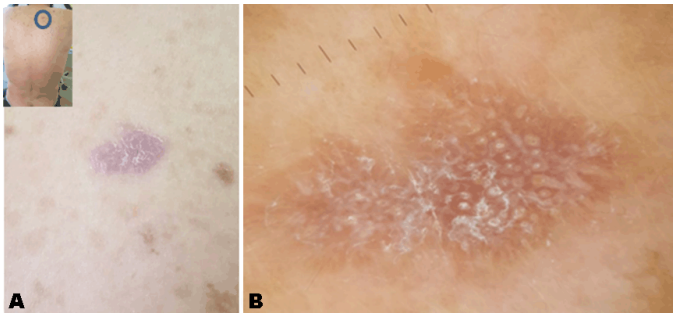

Figure 1(A and B): Clinical image well-defined, firm, shiny, curly-grained plaque on the upper back (A). Hypertrophic LP lesion disclosing comedo-like openings. A network of round whitish striae and white projections of the border are also seen (B).

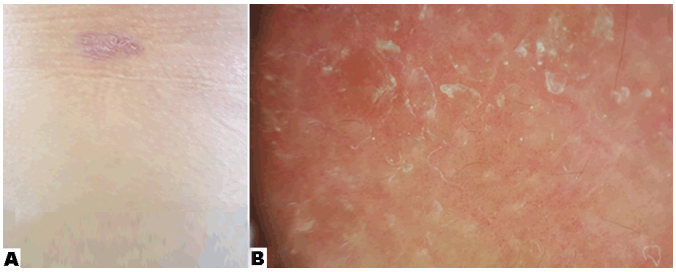

Figure 2(A and B): Erythematous, slightly scaly, oval plate plaque at the lumbar level (A). Dermoscopy showing regularly arranged, uniform, homogeneous red globules, associated with white scaly (B).

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Saàdani Hassani Cheymae – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Sara Elloudi – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Fatima Zahra Mernissi – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

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Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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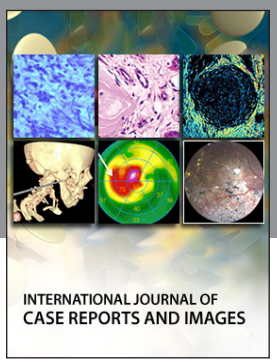

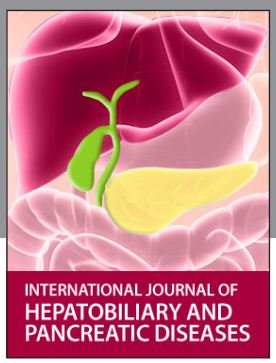

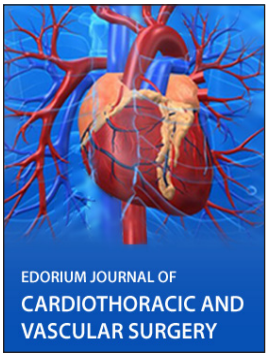

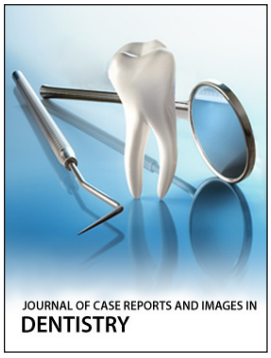

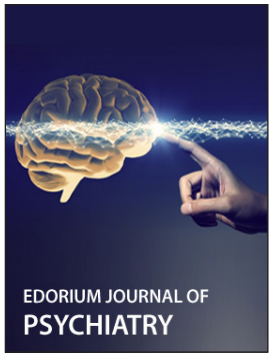

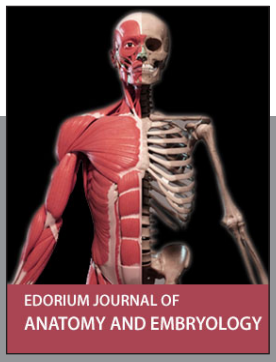

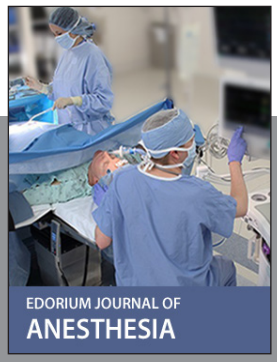

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