

# Characterizing red dots in atopic dermatitis

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Sir,

A 7-year-old male presented himself with skin lesions on elbow and knee flexures persistent for six months prior. A physical examination revealed erythematous, excoriated plaques on these sites, along with scaling (Figs. 1a and 1b). Based on the clinical presentation, a diagnosis of atopic dermatitis was reached.

Dermoscopy (DermLite IV; 3Gen; Polarized, 10×) of the lesions revealed bands of erythema along the skin creases and patchy scaling. In addition, red dots were seen distributed along the skin creases as well.

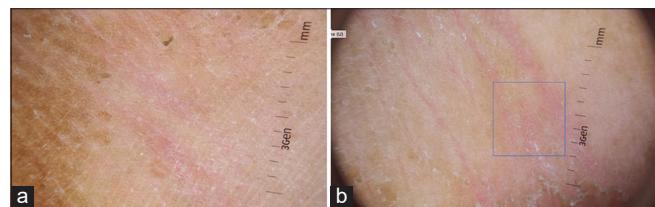
Histopathology revealed spongiosis in the epidermis and superficial perivascular infiltrate typical of eczematous dermatitis.

Atopic dermatitis (AD) is a chronic, pruritic inflammatory dermatosis affecting predominantly the flexures. Upon dermoscopy, background erythema may be subtle or prominent depending on the stage of the disease. Patchy pinpoint vessels are characteristically seen in the active stage of AD [1,2]. The skin of atopic patients has been shown to contain thickened, flexuous blood vessels in the papillary dermis, which are responsible for the patchy pinpoint vessels seen on dermoscopy [2]. An interesting observation made is the distribution of red dots seen along the skin creases. The skin is relatively thinner in the flexural areas, more so in the skin creases, which explains the prominence of erythema and pinpoint vessels in this area (Fig. 2).

While red dots are most commonly seen in psoriasis, in which they tend to be regularly distributed, in atopic dermatitis, they appear in the form of dotted



**Figure 1:** (a and b) Erythematous, scaly plaques with excoriations on elbow and knee flexures.



**Figure 2:** (a and b) Fine scales with subtle erythema (more prominent along the creases). Skin creases showing prominent pinpoint vessels (at the blue square) with a background of erythema and mild to moderate scaling.

vessels arranged in a patchy distribution [3]. This is an important differentiating clue that should aid in proper diagnosis.

## Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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in erythematous skin from atopic dermatitis patients. *Am J Dermopathol*. 2016;38:363-4.

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