

## POIKILODERMA OF CIVATTE

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### comment:

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This clinical entity is not uncommon in Romania, especially in spring and summer, (but also during winter, for those who are very fond of sky), most frequently diagnosed in fair-skin women over 40 years old, on a genetic background, after sun exposure (varying from minutes to hours), with a great cosmetic and physiological impact on social life. It is still a problem for dermatologists, not mainly for diagnosis but for therapy.

It is an easy clinical diagnosis, although many other dyspigmentations must be ruled out (see classification).

### Classification of facial and neck melanosis [1]:

- \* Melasma (chloasma)
  - \* Erythema dyschromicum perstans (Ashy dermatosis of Ramirez, erythema chronicum figuratum melanodermicum)
  - \* Lichen planus pigmentosus
  - \* Riehl's melanosis (Pigmented cosmetic/ contact dermatitis)
  - \* Erythromelanosis peribuccale pigmentaire of Brocq
  - \* Poikiloderma Civatte
  - \* Erythromelanosis follicularis of face and neck
  - \* Nevus of Ota
  - \* Miscellaneous causes:
    - Periorbital Melanosis
    - Addison's disease
    - Exogenous ochronosis
    - Post chikungunya pigmentation
- (reported in India, induced by alpha virus transmitted by *Aedes aegypti* and *Aedes albopictus*)
- Acanthosis nigricans

In daily practice a skin biopsy is very rare necessary for diagnosis, a thorough endocrinological examination is mandatory, sometimes an allergology test or a very attentive anamnesis are helpful (cosmetics involved).

The mainstay of the treatment is photoprotection, which must be very clearly explained to the patients, the rules regarding the use of sunscreens have to be followed carefully and even so the avoidance of peak hours on sunlight (10 am-4pm) must be strictly accepted.

There are no guidelines for the management of Poikiloderma Civatte so, different, and sometimes combined therapies, have been applied with success in treating this condition, aspect very well presented in the article.

We prefer Hydroquinone and chemical peels (Azelaic acid and Kojic acid) along with laser therapy.

We congratulate the authors for presenting the case, which turned to be an open door to an up-to date overview on Poikiloderma Civatte.

### REFERENCES

1. Khanna N, Rasool S: Facial melanoses: Indian perspective. Indian J Dermatol Venereol Leprol. 2011;77:552-64.