

Trichoscopy of scalp lesions in patient with erythroderma

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Sir,

Scalp is a common location of autoimmune bullous diseases [1]. We report a case of 52-year old woman presented with erythroderma associated with pruriginous erythema in the scalp. Dermatological examination revealed erythema and scaling affecting 60% of the scalp (Fig. 1). Dermoscopy showed white diffuse scaling, extravasations and polymorphic vessels. The vascular pattern were dotted, linear serpentine and circular (Fig. 2). Histopathological examination of biopsy specimens showed blister in the superficial epidermis and spongiosis in the stratum granulosum. Direct immunofluorescence demonstrated the presence of intercellular IgG and C3 within the superficial layers of the epidermis. Features were consistent with a foliaceus pemphigus and the association of oral corticotherapy and rituximab was adopted for this patient. Remission was achieved after one cycle of rituximab with a mean delay of 3 months.

Trichoscopy is a noninvasive tool for assessing scalp dermatosis [1]. There are only few reports on the interest of trichoscopy in pemphigus [1-3]. Trichoscopy of scalp in foliaceus pemphigus found white diffuse scaling which can occur also in psoriasis, allergic dermatitis and xerosis [1]. The vascular pattern may be represented by dotted, circular and serpentine vessels. The last one pattern can occur also in discoid lupus erythematosus [4]. We propose to use trichoscopy as an additional argument to make a presumptive diagnosis of foliaceus pemphigus specially in case of erythroderma even if confirmation is by histology and direct immunofluorescence.



Figure 1: Clinical image showing erythema and scaling affecting 60% of the scalp.



Figure 2: Dermoscopy showed white diffuse scaling, extravasations and polymorphic vessels.

Consent

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

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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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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