

Dermoscopy of Schamberg's disease: Identification of a novel fried-egg appearance

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Sir,

Pigmented purpuric dermatoses (PPD) represent a group of chronic cutaneous disorders that present with petechial hemorrhage occurring due to capillaritis. Extravasated erythrocytes result in purpura, and hemosiderin-laden macrophages give a red-brown appearance to older lesions. It is characterized by symmetrical petechial and pigmented macules, often confined to the lower limbs [1]. Although adults are more frequently affected, there are numerous reports of childhood PPD as well. Clinically, PPDs are categorized into five primary types: Schamberg disease (which is the commonest variant), pigmented purpuric lichenoid dermatosis of Gougerot and Blum, purpura annularis telangiectodes or Majocchi's disease, lichen aureus and eczematid-like purpura of Doucas and Kapetanakis [2].

A 45-year-old female presented to the dermatology outpatient department with complaints of a reddish-brown rash on both lower limbs lasting for the previous one year. The rash was slowly progressive and initially asymptomatic but, one month previously, developed mild itching. There were no other significant findings in her family or personal history. Cutaneous examination revealed multiple reddish to brown macules along with several lesions showing central stippled puncta on the anteromedial aspect of both legs (Fig. 1). Dermoscopy revealed a reddish-brown background, brown globules with central, red dots giving a fried-egg appearance and scattered, coiled or punctuate vessels. Dermoscopic examination of two more patients with Schamberg's disease was performed and showed a similar fried-egg appearance (Figs. 2a and 2b).



Figure 1: Discrete to confluent reddish-brown "Cayenne pepper"-like patches on the left leg.

The differential diagnosis of Schamberg's disease includes leukocytoclastic vasculitis, contact dermatitis, early cutaneous T-cell lymphoma, hypergammaglobulinemic purpura of Waldenström, bleeding diathesis, stasis pigmentation, scurvy, and drug-hypersensitivity reactions [1]. A summary of clinical and dermoscopic features of differential diagnosis of Schamberg's disease can be seen in Table 1 [2-7].

Dermoscopy epiluminescence microscopy is a great non-invasive tool for evaluating pigmentary lesions as it often reduces the need for invasive tests such as a biopsy for diagnosis. The commonly noted dermoscopic findings of PPD include a coppery-red background, red dots, globules and patches, brown dots and globules, red dots, globules, and patches. Less common findings include a brown network, thick

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Table 1: A summary of clinical and dermoscopic features of the differential diagnosis of Schamberg's disease [2-7].

Diagnosis	Clinical Feature	Dermoscopy
Pigmented purpuric dermatoses (Schamberg's disease)	"Cayenne-pepper" petechiae on an orange-brown background, symmetric on legs, mild pruritus	Coppery-red/orange-brown background, red dots/globules, brown dots/globules, reticular network, linear vessels, linear brown lines.
Leukocytoclastic vasculitis	Palpable purpura, often lower extremities, may have systemic symptoms (arthralgia, renal involvement)	Milky-red or livedoid background, red blotches; less commonly, red dots or comma-vessels
Contact dermatitis	Burning/itching associated with an eczematous/purpuric rash localized to contact areas, history of exposure usually present	No specific dermoscopic reports; dotted vessels distributed in clusters or randomly, yellow scales and serous crusts.
Bleeding diathesis	Diffuse petechiae/purpura, mucosal bleeding; lab-confirmed low platelets/abnormal clotting	Dermoscopy reveals homogeneous red/purple splotches and globules on a purple background without vessel morphology
Stasis Pigmentation	Brownish pigmentation, often with varicosities, edema, lipodermatosclerosis	Hemosiderin pigment, dull red to brownish background, glomerular and dotted vessels, scaling
Scurvy	Corkscrew hairs, perifollicular hemorrhages, gum bleeding, easy bruisability	Corkscrew hair; perifollicular erythematous/violaceous macules
Drug hypersensitivity reactions	Purpuric/exanthematous rash, pruritus, systemic symptoms depending on drug and reaction type.	May vary with inflammatory pattern

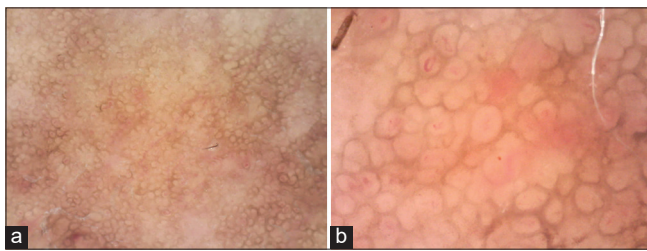


Figure 2: a) Dermoscopy showing a reddish-brown background, brown globules with central red dots, and coiled vessels (Dinolite Edge, 60x). b) Dermoscopy showing a reddish-brown background, brown globules with central red coiled vessels showing the fried-egg appearance, red and brown dots. (Dinolite Edge, 200x).

linear vessels, rosette structures, linear brown lines, and follicular openings [2,7]. The term *fried-egg appearance* in the context of Schamberg's disease refers to the typical dermoscopic pattern observed where red or reddish-brown vascular coiling is noted at the center of darker brown globules like the bright yellow yolk surrounded by the white of a fried egg. By reporting this novel finding, the authors wish to highlight a new observation of the fried-egg appearance, which has not been previously described to the best of the author's knowledge and was seen typically in the patients with the Schamberg's disease subtype of pigmented purpuric dermatoses.

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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