

Generalised Chronic Hypopigmentation: A Case Report

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An 8-year-old black female child was referred to the paediatric dermatology clinic for widespread dermatosis over the previous three months. The patient presented with scaly patches, with spontaneous regression, progressing into residual hypochromic patches. At the visit, widespread dermatosis with non-confluent, disseminated hypopigmented patches was observed, with face and extremities involvement, giving the skin a speckled pattern (Fig. 1). Dryness and mild itching were also observed. The patient had no relevant personal or family history, namely no prior history of dermatosis, infection nor exposure to drugs. The patient underwent therapy with emollient, cycles of topical corticoids and heliotherapy, with durable repigmentation of the facial lesions, while maintaining hypopigmentation in the remaining skin lesions. After one year of follow-up, a new rash on the arms and scapular regions was observed, with scaly macules and papules of 5-7 mm in diameter, some of them centrally crusted (Fig. 2). The pathological examination of a papule on the right arm after skin biopsy revealed hydropic degeneration of the basal layer with isolated necrosis of keratinocytes, and foci of parakeratosis and perivascular lymphocytic inflammatory infiltrate in the superficial/middle dermis (Fig. 3). The diagnosis of pityriasis lichenoides chronica was established based on clinical and histological findings.



Figure 1. Initial presentation of non-confluent and disseminated hypopigmented patches, giving the skin a speckled pattern.

Pityriasis lichenoides is an idiopathic papular dermatosis, with a spectrum of manifestations that include acute and chronic forms (pityriasis lichenoides chronica).¹⁻² Pityriasis lichenoides chronica is more common in children and young adults and usually manifests itself as a rash with small red/brown scaly papules. It is thought to be due to the benign proliferation of T lymphocytes, occasionally clonal, probably reactive to infections, immunisations or autoimmune/autoinflammatory disorders.³ It has generally a benign course, but it is sometimes difficult to distinguish clinically and pathologically from cutaneous T-cell lymphoma, and rare cases of progression to this entity have been described. Therefore, these patients require careful monitoring.¹ First-line therapy includes topical corticoids, macrolides and phototherapy.¹⁻³



Figure 2. Detail of the scaly macules and papules that emerged after a year of follow-up.

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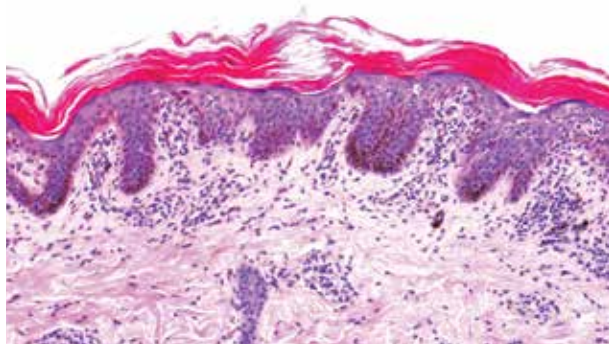


Figure 3. Skin pathology showing hydropic degeneration of the basal layer with isolated necrosis of keratinocytes, and foci of parakeratosis and perivascular lymphocytic inflammatory infiltrate in the superficial/middle dermis.

This report shows a case of a child with pityriasis lichenoides chronica with a clinical presentation of disseminated hypopigmentation. Although rarely reported in the literature, this presentation is not atypical, particularly in high phototype individuals. Given the importance of the correct diagnosis of pityriasis lichenoides chronica, this condition should be considered in the differential diagnosis of hypopigmented dermatoses.^{1,3}

Keywords: Child; Chronic Disease; Hypopigmentation/diagnosis; Pityriasis Lichenoides/diagnosis

WHAT THIS REPORT ADDS

- Pityriasis lichenoides chronica is an idiopathic papular dermatosis associated with the benign proliferation of T lymphocytes, usually with a benign course.
- The most common clinical presentation is a rash of small red or brown scaly papules, but it can also present itself as a hypopigmented macular rash, and it is more frequently observed in black individuals.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

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Protection of human and animal subjects

The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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