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Short Communication

Linear atrophoderma of moulin; a mimicker of linear scleroderma

Linear Atrophoderma of Moulin (LAM) was first described in 1992.[1] It is an acquired, rare and self-limited skin condition. It is characterized by atrophic, band-like skin lesions that often show hyperpigmentation, always follow the lines of Blaschko, and sometimes have a zosteriform appearance. The lesions are usually asymptomatic and insidious in onset and present usually during childhood or adolescence.[2,5]

The differential diagnosis of LAM is linear scleroderma. Other differential diagnosis includes atrophoderma of Pasini and Pierini, focal dermal hypoplasia and porokeratosis.[3]

Lesions in LAM are similar to atrophoderma of Pasini and Pierini but lesions of the latter do not follow Blaschko's lines.[1]

A 20 year old male presented with multiple asymptomatic dark and depressed lesions on his face, trunk, right arm and left hand for 1 year. Lesions initially started over the right scapular area which progressed to involve right arm extending to the right elbow along the lines of Blashko's, later similar lesions appeared over face and left hand. General physical and systemic examination was unremarkable and baseline investigations were found to be normal. Antinuclear antibodies were negative, and X-ray of the lungs was unremarkable. On cutaneous examination, a well-defined hyperpigmented depressed linear plaque was present along the Blashko's line spreading over the right scapular region, posterior aspect of right axilla, right arm, extending to right elbow joint. A parallel linear hyperpigmented depressed zosteriform plaque was present below the first lesion. Another similar hyperpigmented depressed plaque was present on the dorsum of the left hand. A well-defined linear hyperpigmented depressed plaque was present on the right side of forehead as well. The patient was treated with Methotrexate 7.5 mg weekly for 12 weeks. Histopathological examination showed thinned out epidermis with dense melanin deposition in basal layer, eosinophilic collagen bundles in the dermis, sparse perivascular and periappendageal lymphocytic infiltrate with preserved hair follicles and appendages.

Our patient presented with linear hyperpigmented plaques along lines of Blashko's and hyperpigmented lesions over forehead similar to linear scleroderma. Diagnosis of LAM was made with clinical and histopathological findings. Absence of prior signs of inflammation, sclerosis and the lilac color were the distinguishing features from linear scleroderma. Some improvement in pigmentary changes and no progression of the lesion was observed after treatment with methotrexate. In literature around 50 cases of LAM have been reported.

LAM over the face is an extremely rare entity with not more than 5 cases reported.[4]

Here by, we report a case of LAM with both face and trunk lesions which has not been reported before. Distinction of this condition from linear scleroderma is important as LAM is a benign condition and the treatment options for both the conditions vary. This case was methotrexate responsive.[2]

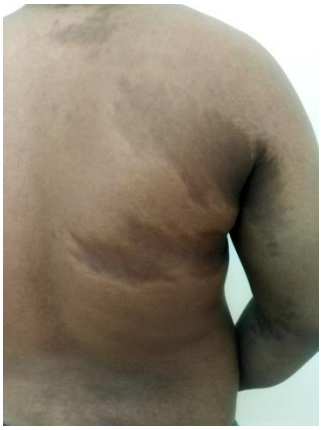

Figure 1a Well-defined hyper-pigmented depressed linear plaque along the lines of Blashko's present on the right scapular region, posterior aspect of right axilla, right arm and extending to right elbow joint.

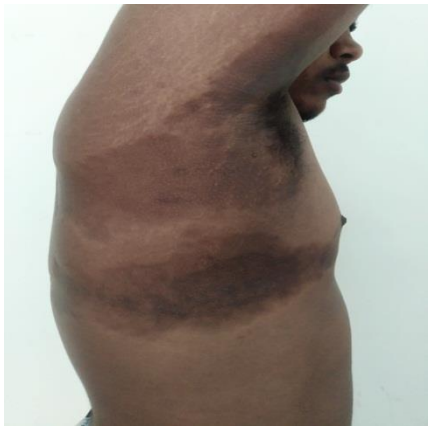

Figure 1b Linear hyperpigmented depressed zosteriform plaque just below the first lesion.

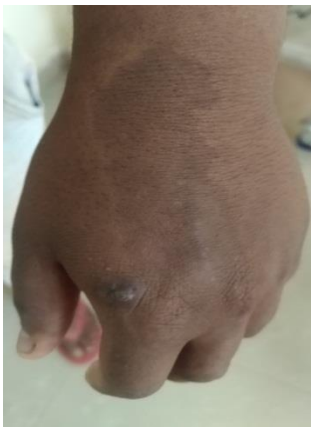

Figure 2 Hyperpigmented depressed plaque on dorsum of the left hand.

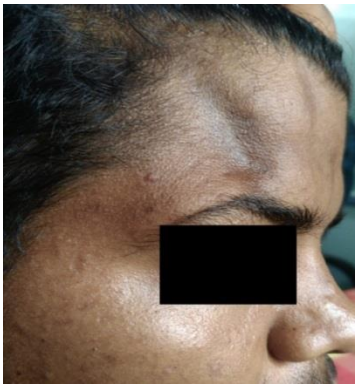

Figure 3 Linear hyperpigmented depressed plaque on the right side of forehead.

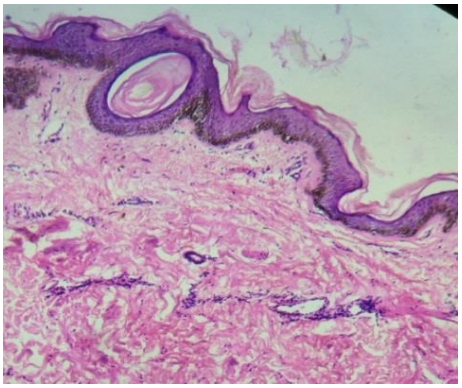

Figure 4 H&E staining shows dense melanin deposition in the basal layer with preserved hair follicle.

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