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Original Article

The dermoscopic findings of common papulo-squamous skin diseases: A descriptive comparative study

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Abstract

Objective To describe and compare the dermoscopic features of various papulosquamous skin disorders.

Methods This study is an observational, descriptive-comparative study performed on 169 patients with papulosquamous skin diseases including psoriasis, lichen planus, eczema, pityriasis rosea and pityriasis lichenoides chronica at the outpatient clinic at the dermatology department of AL-Sader teaching hospital in Basra during the period between April 2021 to September 2022. A detailed history was taken from each patient with a complete physical examination and all relevant investigations were done. The dermoscopic examination was done using a hand-held dermoscope (x10) and photos were taken with a mobile phone camera attached to the Dermlight DL200 dermoscope then this data was collected and statistically analyzed.

Results Dermoscopic examination of psoriasis showed that light red background, regularly dotted vessels and diffuse white scales were the most common findings. The most characteristic dermoscopic features of lichen planus was Wickham striae which was seen as radial streaming followed by a reticular pattern, the lesion was purple in color, non-scaly and non-vascular lesions, the scales if present were mainly peripheral white scales, while the vascular lesions of lichen planus were usually dotted peripheral blood vessels. Patchy dotted blood vessels on a dull red background covered by yellow-white scales in patchy distribution were the common findings seen in eczema. According to a study of patients with pityriasis rosea, the most significant dermoscopic features observed in patients were yellow background color, peripheral white scales, and an avascular pattern. Pityriasis lichenoides chronica was found to be associated with peripheral dotted vessels on orange- yellow background covered by white scales on a peripheral or diffuse pattern.

Conclusion Dermoscopy is a simple non-invasive safe bedside tool that provides important information to help in diagnosis or narrowing differential diagnosis of many papulosquamous skin diseases.

Key words
Dermoscopic findings; Papulosquamous skin diseases.

Introduction

Dermoscopy is a non-invasive method described for the first time by Braun in the 1990s and it was initially used for the diagnosis of pigmented skin tumors. The field of use of this investigation has now expanded and it is useful in a wide range of disorders such as benign or malignant, pigmented or non-pigmented skin tumors, as well as inflammatory or infectious skin diseases.[1] There are two dermoscopic methods: polarized dermoscopy (PD) and non-polarized dermoscopy (NPD), which use different types of light sources.[2] Nowadays, the

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polarized mode is widely used because of better visualization of vascular and pigmented structures.[3] The majority of the available evidence is in the field of papulosquamous skin diseases including dermatitis, psoriasis, lichen planus, pityriasis rosea and several others. The dermoscopic criteria of these entities has been analytically described and the diagnostic accuracy of dermoscopy in differentiating clinically equivocal cases has been assessed as significantly superior to clinical examination alone.[4] Dermoscopy of plaque psoriasis typically shows a characteristic pattern consisting of diffuse white scales and symmetrically and regularly distributed dotted vessels on a light or dull red background.[5] Dermoscopy of PR is well established and both herald and daughter patches demonstrate typical patterns under dermoscopy. It shows diffuse and structureless yellow-orange areas, and characteristic focal white-colored peripheral scaling. Red dots, different from those seen in psoriasis, may be seen at the periphery but are less evident.[6] Dermoscopy enables the visualization of Wickham striae (WS), which have been assessed as a highly sensitive and specific criterion for the diagnosis of lichen planus (LP). Wickham striae are seen as round, linear, reticular or annular pearly-whitish structures and may develop thin or broad arboriform projections, surrounded by vessels that highlight them. In late LP lesions, pigmentation may develop and vascularity is usually less evident.[7] Several morphological types of vessels may be seen in lichen planus including dotted, globular, short linear, and curved vessels.[8] Depending mainly on disease duration, dermatitis may dermoscopically display a spectrum of scaling and vascular changes, with acute exudative lesions predominantly exhibiting yellow scale crusts (‘yellow clod sign’), whereas more chronic and lichenified lesions are typified mainly by dotted vessels in a patchy distribution within the lesion.[7] Pityriasis lichenoides chronica typically displays orange-yellowish structureless areas (corresponding to hemosiderin deposits in the dermis due to erythrocyte extravasation) and non-dotted vessels (including globular, linear-irregular and/ or branching vessels); diffuse and/ or peripheral whitish scaling, focally distributed dotted vessels. Hemorrhagic spots and hypopigmented areas are additional dermoscopic findings. Of note, the presence of hypopigmented areas is more common in long-standing lesions, which often display focal post-inflammatory hypopigmentation.[5]

Aim of the study

The aim of the study is to describe the dermoscopic features of papulosquamous skin diseases that are commonly encountered in the clinical setting and to assess the value of certain dermoscopic criteria to replace the histopathological examination or at least restrict it to the minimum.

Patients and Methods

A cross-sectional clinical descriptive study was conducted at the outpatient clinic at the dermatology department of AL-Sader teaching hospital in Basra, South of Iraq, during the period between April 2021 to September 2022. The patients presenting with untreated papulosquamous skin diseases including psoriasis, lichen planus, pityriasis rosea, eczema and pityriasis lichenoides chronica attending the outpatient clinic were recruited in this study. The diagnosis was done by standard history taking along with complete clinical examination and specific investigation and in suspicious cases skin biopsy was taken for histopathological confirmation.

Inclusion criteria All age groups; both sex; all skin phototypes; clinical diagnosis of plaque psoriasis, eczema (exogenous and endogenous), pityriasis rosea, lichen planus, pityriasis

lichenoides chronica.

Exclusion criteria Lesion located on palm, sole, scalp, face, and genital area; treated lesion either with topical or systemic treatment.

Most of the lesions were examined dermoscopically and the well established one was included in the study. Dermlight DL200 was used with magnification power x10, the photograph was taken using a 12-megapixel iPhone 8 plus camera. The variables used in the dermoscopic evaluation were background color, type of vessels, pattern of vessels, scale color and scale distribution.

Results

A total of 169 untreated patients were recruited in this study, of them there were 66 patients (39%) with psoriasis, 43 patients (25.4%) with eczema, 37 patients (21.8%) with lichen planus, 16 patients (9.47%) with pityriasis rosea, and 7 patients (4.1%) with pityriasis lichenoides chronica.

Dermoscopic findings of patients with psoriasis A light red background was shown in 90.9% of the patients followed by dull red (9.1%). Most patients had dotted vessels (95.4%) and about 3.0% had dotted and globular vessels while linear vessels were seen only in 1.6%. 97% of the patients showed a regular distribution of vessels while 3.0% showed irregular distribution. The scales were white in color in 93.9% of the patients compared to 6.1% with white-yellow scales. Moreover, in terms of scale distribution, 95.5% showed a diffuse distribution of scales followed by a peripheral and patchy distribution (3.0%, and 1.5% respectively) (**Table 1, Figure 1).**

Dermoscopic findings in patients with lichen planus The purple background color was found in (62.9%) of patients followed by brown, and

Table 1 Dermoscopic findings of 66 patients with Psoriasis.

Variables		*Number; %*
1.Background-color	Light red	60; 90.9%
	Dull red	6; 9.1%
2.Type of vessels	Dotted	63; 95.4%
	Dotted and Globular	2; 3.0%
	Linear	1; 1.6%
4.pattern of vessels	Regular	64; 97.0%
	Irregular	2; 3.0%
5.Scale color	White	62; 93.9%
	White Yellow	4; 6.1%
6.Scale distribution	Diffuse	63; 95.5%
	Patchy	1; 1.5%
	Peripheral	2; 3.0%

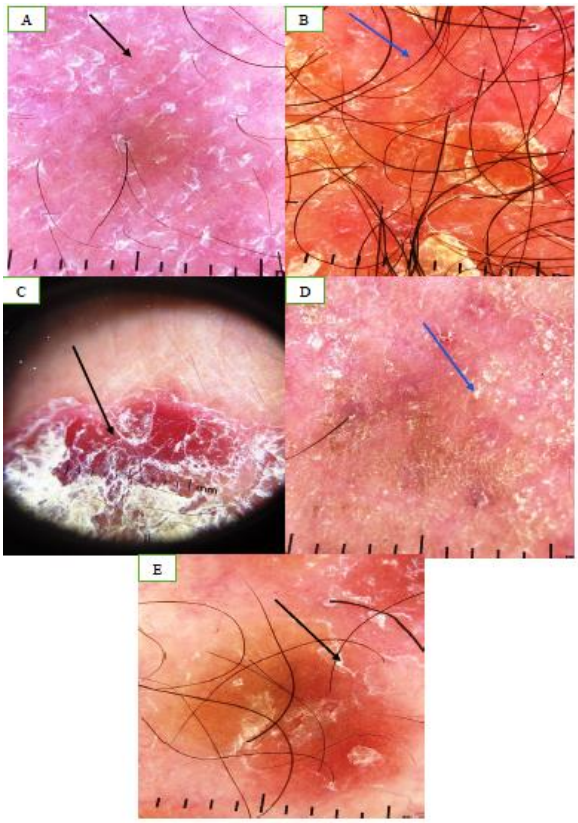

Figure 1 (A) regularly distributed dotted blood vessels (black arrow) on light red background. (B) linear blood vessels (blue arrow) on light red background **(**C) dull red background with diffuse white scales (black arrow) (D) diffuse white yellow scales (blue arrow) (E) peripheral white scales (black arrow).

Light red (20.0%, and 17.1% respectively). In addition, in 57% the lesions had no vessels and about 34.3% had dotted vessels. Moreover,

most patients showed the peripheral distribution of vessels (28.6%) compared with patchy distribution (5.7%). All scales were white in color in 14.3% of patients. In terms of scale distribution, most patients showed a peripheral distribution of scale followed by a patchy distribution (11.4% and 2.9% respectively). About 97.2% presented with Wickham stria which was mostly radial in type in 57.3% followed by reticular, linear, and annular reticular (22.8%, 14.2%, and 5.7% respectively) **(Table 2, Figure 2)**.

Dermoscopic findings in patients with eczema The background color of lesions was dull red (53.5%) followed by light red, and yellow (41.9%, and 4.7% respectively) most patients had dotted vessels (72.1%) compared to dotted and globular vessels (16.3%), while about 11.6% had no vessels. Additionally, 83.7% of patients showed a patchy distribution of vessels compared to (4.7%) of them with a regular distribution. The scales were white yellow in color (48.8%) followed by yellow, and white (37.2%, and 14.0%) respectively. In terms of scales distribution, 72.1% of the patients showed a patchy distribution followed by diffuse, central or peripheral (23.3%, 2.3% and 2.3% respectively), additional finding was yellow serocrust that was found in 11.62% of the patients shown in **(Table 3, Figure 3)**.

Table 2 Dermoscopic findings of 35 patients with lichen planus.

Variables		*number; %*
1.background-color	Light red	6; 17.1%
	Purple	22; 62.9%
	Brown	7; 20.0%
2.Type of vessels	Dotted	12; 34.3%
	Linear	3; 8.5%
	No	20; 57.1%
3.Pattern of vessels	Patchy	2; 5.7%
	Peripheral	10; 28.6%
	No	23; 65.7
4.Scale color	White	5; 14.3%
	No	30; 85.7%
5.Scale distribution	Peripheral	4; 11.4%
	Patchy	1; 2.9%
	No	30; 85.7%
6.Wickham striae	Yes	34; 97.2%
	No	1; 2.8%
7.Type of Wickham striae	Radial streaming	20; 57.3%
	Reticular	8; 22.8%
	Linear	5; 14.2%
	Annular reticular	2; 5.7%

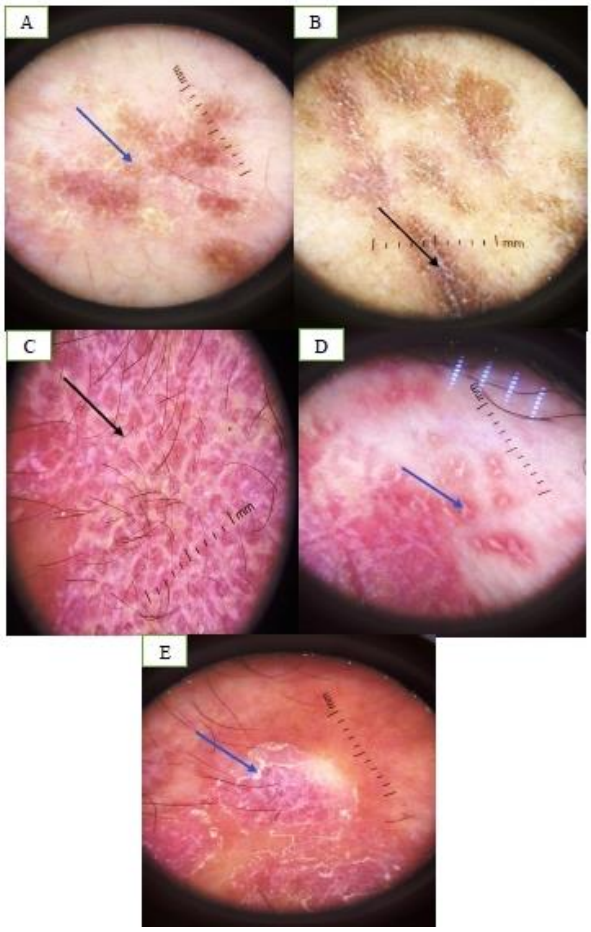

Figure 2 (A) purple background with annular reticular wickham striae (blue arrow) (B) brown background with linear wickham striae (black arrow). (C) Reticular WS with dotted blood vessels (black arrow) (D) Radial streaming wickham striae (blue arrow) (E)Wickham striae with peripheral scale (blue arrow)

Dermoscopic findings in patients with pityriasis rosea The lesions in 43% of the patients showed a yellow background followed by brown and light red (31.2%, and 25.0% respectively) also (62.5%) of patients had no vessels, and about

Table 3 Dermoscopic findings of 43 patients with eczema.

Variables		*number; %*
1.Background-color	Light red	18; 41.9%
	Dull red	23; 53.5%
	Yellow	2; 4.7%
2.Type of vessels	Dotted	31; 72.1%
	Dotted and Globular	7; 16.3%
	No	5; 11.6%
3.Pattern of vessels	Regular	2; 4.7%
	Patchy	36; 83.7%
	No	5; 11.6%
4.Scale color	White	6; 14.0%
	White yellow	21; 48.8%
	Yellow	16; 37.2%
5.Scale distribution	Central	1; 2.3%
	Peripheral	1; 2.3%
	Patchy	31; 72.1%
	Diffuse	10; 23.3%
6.Yellow serocrust		5; 11.62

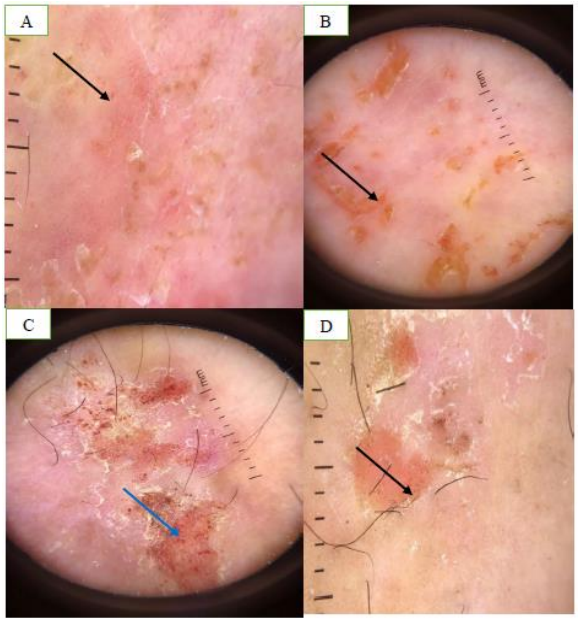

Figure 3 (A) Patchy dotted vessels with patchy yellow-white scales (black arrow) (B)Yellow sero crust (black arrow) (C) Dotted vessels with punctate hemorrhage.(blue arrow).(D) Peripheral white scales (black arrow).

37.5% had dotted vessels. Additionally, most patients showed an irregular distribution of vessels (37.5%). Most scales were white in color (93.8%) compared to 6.2% of the patients with yellow scales. Moreover, in terms of scale distribution, all patients showed a peripheral distribution of scale (100%). **(Table 4, Figure 4).**

Table 4 Dermoscopic findings of 16 patients with pityriasis rosea.

Variables		*number; %*
1.Background-color	Light red	4; 25.0%
	Brown	5; 31.2%
	Yellow	7; 43.8%
2.Type of vessels	Dotted	6; 37.5%
	No	10; 62.5%
3.pattern of vessels	Irregular	6; 37.5%
4.Scale color	White	15; 93.8%
	Yellow	1; 6.2%
5.Scale distribution	Peripheral	16; 100.0%

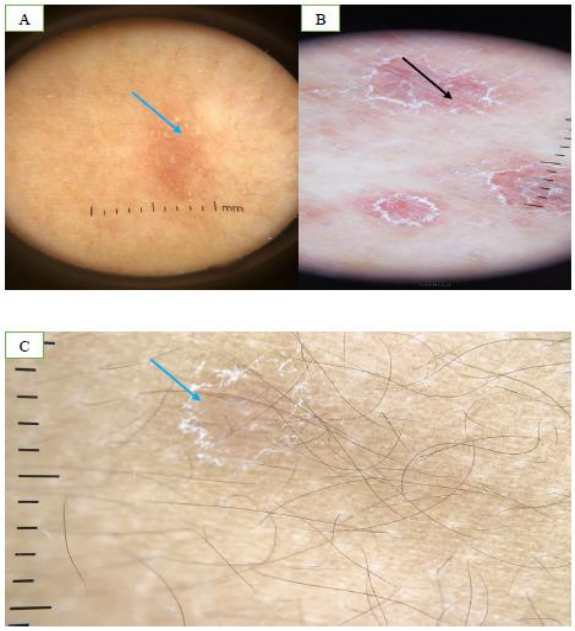

Figure 4 (A) Yellowish background with white peripheral scale (blue arrow). (B) erythematous background with irregular dotted vessels (black arrow). (C) Brown background with peripheral white scales (blue arrow).

Dermoscopic findings in patients with pityriasis lichenoides chronica The background color of lesions was orange yellow (57.1%) followed by light red color (42.9%). Most patients had dotted vessels (85.7%), and about 14.28% had linear vessels. The pattern of vessels were peripheral in 71.4% compared to 28.6% of the patients with

Table 5 Dermoscopic findings of 7 patients with pityriasis lichenoides chronica

Variables		*Number; %*
1.background-color	Light red	3; 42.9%
	Orange- yellow	4; 57.1%
2.Type of vessels	Dotted	6; 85.7%
	Linear	1; 14.3%
3.pattern of vessels	Irregular	2; 28.6%
	Peripheral	5; 71.4%
4.Scale color	White	5; 71.4%
	White yellow	2; 28.6%
5.Scale distribution	Diffuse	3; 42.9%

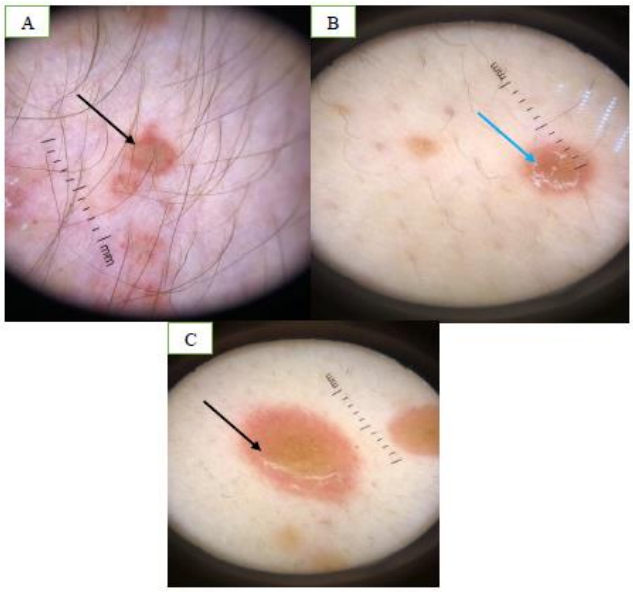

Figure 5 (A) Yellow orange background with peripheral dotted vessels (black arrow) (B) Peripheral white scales (blue arrow) (C) Diffuse white yellow scales (black arrow) with peripheral dotted vessels.

irregular distribution. Most scales were white in color (71.4%). In terms of scale distribution, peripheral distribution of vessels was found in 57.1% of patients compared to 42.9% of patients with a diffuse distribution of scale. **(Table 5, Figure 5).**

Discussion

Psoriasis In this study, the most characteristic dermoscopic features of psoriasis are a light red background, regularly dotted blood vessels and diffuse white scales. A light red background was observed in 90.9% of the patients as in Abdel-Azim *et al*.[9] 88% and more than in Lallas *et al*.[10] (41%), another color like grey and pink color that was reported by Al- Hamami *et al*. (2022) was not seen in this study, (non-published study, personal communication). The difference in color may be due to skin phenotype and terminology used, where the light red color reported in this study was possibly considered pink by Al-Hamami *et al*. On the other hand, dotted vessels were the most common finding noticed in (95.4%), a similar finding was found by Praneet Awake *et al*.[11] and Al-Hamami *et al*. in (100%, 90.2%) respectively. on the other hand, Dhannon and his colleagues in their study of 100 lesions of psoriasis from Mosul city found that psoriasis was associated with curved linear and red globules of blood vessels in 56% of patients, which differs from this study's finding, this result may be due to additional x4 digital zooming of the camera used by Dhannon's study[12] in comparison to X10 used in this study that may give a relatively different visualization of the skin. Regular distribution of vessels was found in 97% of the patients, which was comparable with that of Gavvala *et al*.[13] (100%) and Dhannon *et al*.[12] (95%). Further more the white scale was the commonest finding in 93% which was the same finding reported by Gavvala *et al*.[13] (96.55%). Yellow scale was not observed in contrast with other study like Abdel-Azim *et al*. (4%) and Al-Hamami *et al*. (6.3%), yellow colour may be due to infected lesions and possibly may be attributed to treatment that modify the color. The diffuse pattern was the main pattern of scale distribution in this study (95%). This pattern of distribution was also the most common in other studies but with different percentages, it was more than Lallas *et al*.[10] (45%), while in Dhannon *et al*.[12] the patchy distribution is a more common presentation (84%) which was found in only 1.5% in this study. The difference on pattern of scales distribution is possibly due to treatment used in

other studies which may decrease scaling in contrast to this study where only non treated psoriatic lesions were enrolled so, reflecting the common pattern of scaling.

Lichen planus The commonest dermoscopic feature of LP is Wickham striae which was seen as radial streaming followed by a reticular pattern, the lesion was purple in color, non-scaly, and non-vascular. The scale if present is mainly peripheral white scale, while the vascular lesion usually shows as a dotted peripheral blood vessels if present in a minority of patients.

Wickham striae were observed in 97.2% of patients which is similar to that with Dhannon *et al*; Lallas *et al*. (98.67%, and 96% respectively), while al Hammami *et al*.(2021) found WS at a rate of 68.2%. The absence of WS in clinically suspicious cases of LP doesn't exclude the diagnosis of LP and should prompt the clinician to perform a biopsy to confirm the diagnosis as some cases of acute lichen planus don't exhibit WS.[10,12]

Radial streaming was the most common pattern of WS reported (57.3%) the finding is more than Gavvala and gavvala (48%).[14]

The purple background was observed in this study at a rate of 62.9%, no other study found similar findings for example, Güngör *et al*. reported violet background color in 38%, pink color in 37% of lesions.[15] while Praneet A wake *et al*. reported 65% with dull red background.[11]

The non-vascular lesion was observed in 57% of the patients, similar finding was found by Machicha *et al*. (42.2%).[16] The dotted pattern of vascular morphology was the main type that was observed in 34.3% of patients. In comparison to these results, Prannet A wake *et al*. found vascularity in 100% of patients: in 63.3% it was dotted and linear, while it was dotted only in 28.3% and in 8.3% it was linear only.[11] The epidermal proliferation in the form of wedge-shaped hypergranulosis and irregular acanthosis may led to reduced visualization of blood vessels. In addition, lesions in included patients were not modified by treatment where only typical well developed LP lesion were considered. In contrary to that of other studies were they delt with either treated cases or newly developed lesion which possibly does not reflect the real dermoscopic finding.

Eczema The most common dermoscopic features of eczema in this study is patchy dotted blood vessels on a dull red background covered by yellow-white scales in a patchy distribution. The dull red background was seen in 53.5%, and the same result was seen by Praneet *et al*. in 61.3%.[11]

Dotted blood vessels were the most common finding in this study, reported in 72.1%. This finding is in line with Lallas *et al*. who observed them at a much higher rate (95%). On the other hand, Dhannon *et al*. found linear and curved linear blood vessels which were not found in this study.[12] Errichetti *et al*; stated that the dermoscopic signs of eczematous dermatitis involve yellow scales and serocrusts caused by hyperkeratosis and spongiosis/ exocytosis, as well as dotted vessels, dispersed randomly or in groups (nonspecific arrangement), which correspond to dilated capillaries in irregularly shaped dermal papillae.[17] This yellow serocrust was found in 11.62% of the present study.

The distribution of vessels was patchy in (83.7%) of patients in this study which was more than Lallas and Dhannon *et al*.[12] who reported this finding in (59%, and 60.61%) respectively. White yellow scales were noted in (48.8%) in contrast to (65.7%) that was found by A Lallas *et al*.[18] The scale distribution was patchy in 72.1% of the patients this finding is comparable with Lallas *et al*.[10] and Praneet *et al*.[11] (66%, 70.1% respectively). From above mentioned

Table 6 Dermoscopic comparison among studied groups.

Variables		*Psoriasis (66)*	*Eczema (43)*	*LP (35)*	*PR (16)*	*PLC (7)*
1.Background -color	Light red	60 (90.9%)*	18 (41.9%)	6 (17.1%)*	4 (25%)	3 (42.9%)
	Dull red	6 (9.1%)*	23 (53.5%)*	0 (0.0)*	0 (0.0%)	0 (0.0%)
	Brown	0 (0.0%)	0 (0.0%)	7 (20.0%)*	5 (31.25%)	0 (0.0%)
	Yellow	0 (0.0%)	2 (4.7%)	0 (0.0%)	7 (43.8%)*	0 (0.0%)
	Orange- yellow	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (57.1%)*
	Purple	0 (0.0%)	0 (0.0%)	22(62.9%)	0 (0.0%)	0 (0.0%)
2.Type of vessels	Dotted	63 (95.4%)*	31 (72.1%	12 (34.3%)*	6 (37.5%)*	6 (85.7%)
	Dotted and Globular	2 (3.0%)	7 (16.3%) *	0 (0.0%)	0 (0.0%)	0 (0.0%)
1.5%)	Linear		0 (0.0%)	3 (8.5%)	0 (0.0%)	1 (14.28%)*
	No	0 (0.0%)*	5 (11.6%)	20 (57.1%)*	10 (62.5%)*	0 (0.0%)
3.pattern of vessels	Irregular	2 (3.0%)	0 (0.0%)	0 (0.0%)	6(37.5%)	2 (28.6%)
	Regular	64 (97.0%)*	2 (4.7%)*	0 (0.0%)*	0 (0.0%)*	0 (0.0%)
	Patchy	0 (0.0%)	36 (83.7%)*	2 (5.7%)*	0(0.0%)	0 (0.0%)
	Peripheral	0 (0.0%)	0 (0.0%)	10 (28.6%)*	0 (0.0%)	5 (71.4%)*
	No	0 (0.0%)	5 (11.6%)	23 (65.7%)*	10 (62.5%)*	0 (0.0%)
4.Scale color	White	62 (93.9%)	6 (14.0%)*	5 (14.3%)*	15 (93.8%)*	5(71.4%)
	White yellow	4 (6.1%)	21 (48.8%)*	0 (0.0%)	0 (0.0%)	2(28.5%)
	Yellow	0 (0.0%)*	16 (37.2%)*	0 (0.0%)	1 (6.3%)	0 (0.0%)
	No	0 (0.0%)	0 (0.0%)*	30 (85.7%)*	0 (0.0%)	0 (0.0%)
5.Scale distribution	Central	0 (0.0%)	1 (2.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Peripheral	2 (3.0%)*	1 (2.3%)	4 (11.4%)	16 (100.0%)*	4 (57.1%)*
	Patchy	1 (1.5%)*	31 (72.1%)*	1 (2.9%)	0 (0.0%)	0 (0.0%)
	Diffuse	63 (95.5%)	10 (23.3%)*	0 (0.0%)*	0 (0.0%)*	3 (42.9%)
	No	0 (0.0%)	0 (0.0%)*	30 (85.7%)	0 (0.0%)	0 (0.0%)

* Significant at P value <0.05.

findings the result of this study is more or less similar to that of other studies and there are no new findings regarding all stages of eczema.

Pityriasis rosea According to studied patients with pityriasis rosea, the most significant dermoscopic features which were observed among those patients were yellow background color, peripheral white scales, and avascular pattern.

The yellow background color was the most common finding in this study (43.8%), this finding agreed with that of praneet *et al*.[11] (72%) and Jindal *et al*.[19] (86%) while Dhannoon *et al*.[12] light brown color was the most common finding (47.37%). The difference in color may be due to variations in skin phenotype.

Irregular dotted vessels were found in 37.5% of the patients of this study, According to Praneet Awake *et al*. dotted vessels were seen in all patients of pityriasis rosea.[11] The same findings were seen by Lallas and colleagues.[10]

White scales were found in 93.8% which was more than that of Dhannon *et al*.[12] (78.9%) while 76% of color was white yellow in Prannet A wake *et al*.[11] In this study, the most common distribution of scales was peripheral (100%), the same finding was seen by other studies with different percentages as in Elmas *et al*.[20] and Lallas *et al*. (84%, and 72%) respectively. The patchy distribution of scales was not found in this study in comparison with Jindal *et al*. (63.3%).[19]

Pityriasis lichenoid chronica In this study, pityriasis lichenoides chronica was found to have peripheral dotted vessels on orange-yellow background covered by white scales on the peripheral or diffuse pattern.

The orange-yellow background was found in (57%) of patients, this finding was less than Jindal *et al*.[19] and Errichitti *et al*.[21] in 96.7%, and 87.5% of patients, respectively. This result differed from that of Dhannon *et al*.[12] where bright red color is the most background color reported in 87.5%. It was suggested that the difference in skin phenotype may affect the background color of the lesions as Jindal *et al*.[19] delt with Fitzpatrick skin types III, IV, and V in comparison to that of this study where the patients of any skin phenotype were included.

Dotted vessels were found in 85.7% of this study, this finding differed from another study of E. Echrrchetti *et al*.[21] in which linear irregular vessels were found in 75% of patients.

The peripheral distribution of the vessels was the most common pattern in this study reported in 71.4% in comparison with 6.7% that was found by Jindal *et al*.[19] The different vascular components of PLC, characterized under dermoscopy by non-dotted and focal dotted vessels, could be due to dilatation of superficial dermal vessels without significant and constant papillomatosis.[22]

The color of the scale was white in 71.4% which matched with that of Dhannon *et al*.[12] (62.5%). Brown color of the scales was found in Jindal *et al*.[19] (53.3%) which may be due to the difference in skin phenotype. Peripheral and diffuse scales distribution were found in 57.1% and 42.9% respectively, diffuse scale was matched by Jindal *et al*.[19] (36.7%).

Conclusion

1- Dermoscope is a simple non-invasive device that can be used as a bedside adjunctive tool in diagnosis or for narrowing down the differential diagnosis of various papulosquamous skin disorders in correlation with the clinical picture.
2- A regularly dotted vessels on light red background and diffuse white scales were the most common dermoscopic features of psoriasis.
3- The wickham striae are the characteristic feature of lichen planus followed by purple, non scally, non vascular lesions.
4- A patchy dotted vessels on dull red background covered by yellow white scales in patchy distribution were the common findings seen in eczema.
5- For patients with pityriasis rosea, a yellow background peripheral white scales and avascular pattern were the most common findings.
6- Pityriasis lichenoides chronica was found to be associated with peripheral dotted vessels on orange yellow background covered by white scales in a peripheral or diffuse pattern.

Recommendations

1. A further study involving dermoscopic features of different stages of papulosquamous skin diseases is advisable.
2. Another study to correlate the dermoscopic, histopathologic and clinical findings is also recommended.

Although dermoscopy is of help in diagnosis of many skin diseases but its findings are affected by treatment, so further study including the effect of treatment on these findings is advisable.

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