

JPAD Dermoscopy Insight

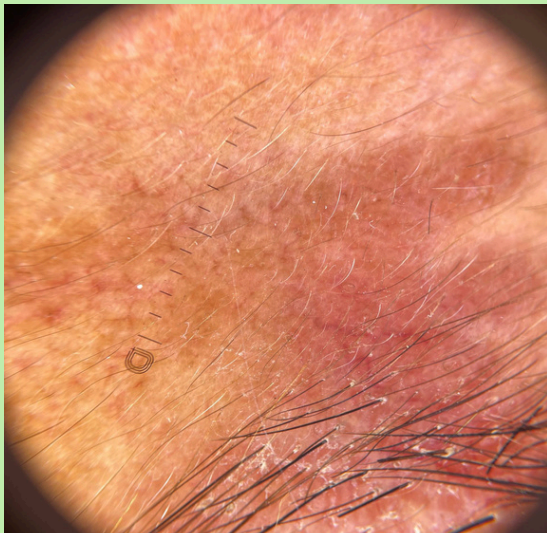
Case description: A 14-year-old boy, presented with asymptomatic multiple well-demarcated erythematous plaques on the right side of the forehead for 7-years. There is partial hair loss of involved part of the eyebrow. Diascopy was positive. Repeated Interferon-Gamma Release Assay test was negative.



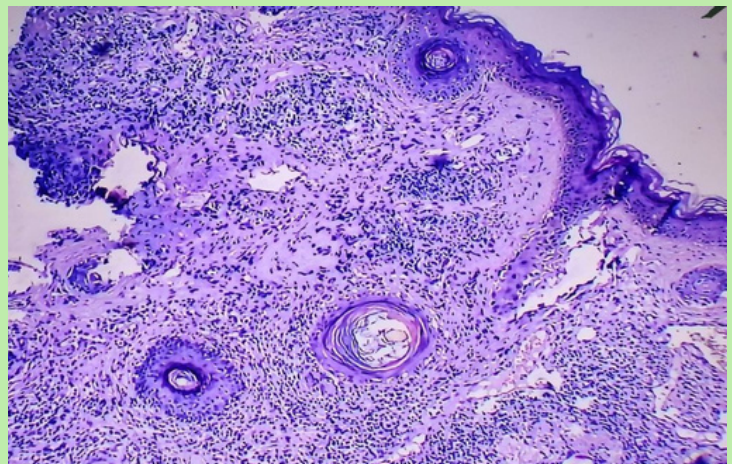
Clinical Picture: Multiple erythematous plaques on the right side of the forehead



Diascopy: 1-Translucent brown to yellow patch after blanching out of lesion.



Dermoscopy: Thin telangiectatic vessels on brown-yellow and red background, fine scales around the eyebrow hair. (DermLite DL5N, polarized, $\times 10$)



Histopathology: Thin epidermis, upper and mid dermal tuberculoid granuloma, multiple Langhans giant cell, mild caseous necrosis.

Diagnosis: Lupus vulgaris

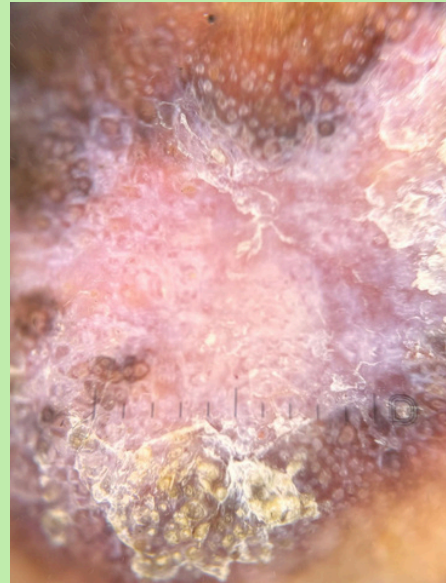
Image courtesy: Professor Thamir A Kubaisi,
Department of Internal Medicine/ Dermatology,
College of Medicine, University of Anbar, Iraq.

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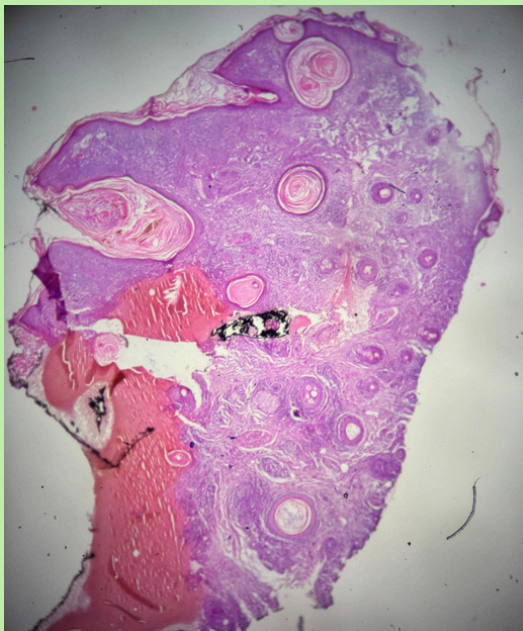
Case description: A 67 years old female presented with well demarcated erythematous scaly plaques on nose, cheeks, scalp and inner ear with central atrophy and peripheral hyperpigmentation. Mild itching and photosensitivity present.



Clinical Picture



Dermoscopy: Follicular keratotic plugs with perifollicular white halos and absent follicular opening in the central area, on a background of whitish structureless area and peripheral border of hyperpigmentation



Histopathology: Hyperkeratosis with follicular plugging; focal epidermal atrophy, interface dermatitis; periappendageal lymphocytic infiltrate.

Diagnosis: Discoid lupus erythematosus

Image courtesy: Dr. Mahnoor Aziz (PGR)

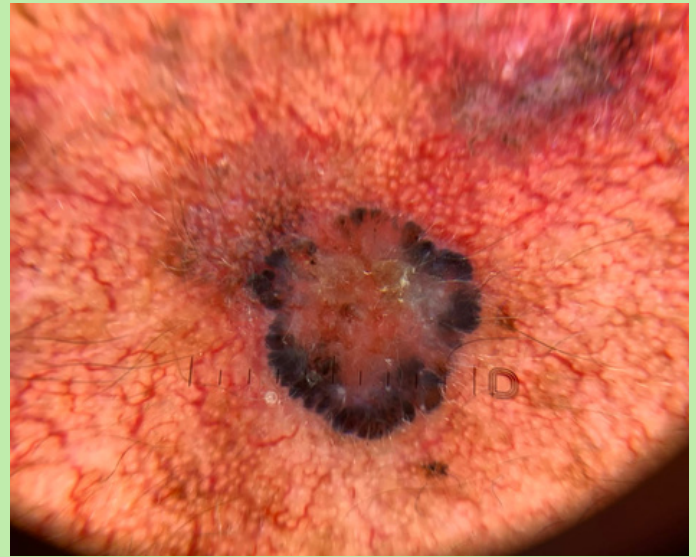
Dermatology Department, Fauji Foundation Hospital, Rawalpindi.

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Case description: A 55-year-old female with one large nodular ulcerated plaque on middle of right cheek for 3 years and a small circular pigmented plaque close to angle of mouth for 3 months.

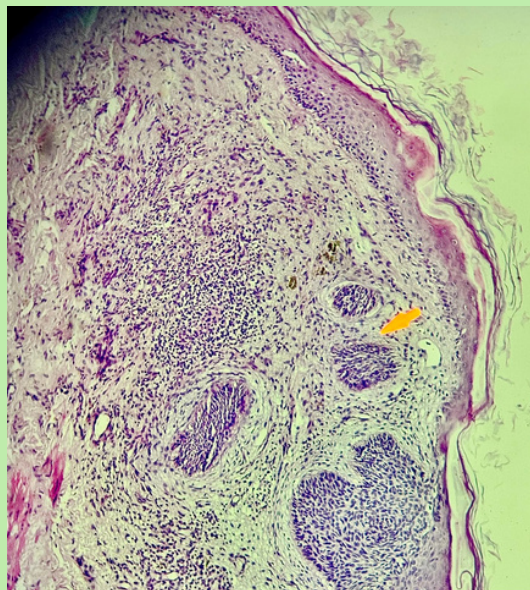


Clinical Picture



Dermoscopy:

- Small pigmented circular lesion shows hyperpigmented lines, radial, converging to same centre, metaphorically called spoke wheel pattern.
- Central structureless area
- Absent pigment network



Histopathology: Basaloid tumor nests/ islands. Peripheral palisading. Retraction cleft (Artefact).

Diagnosis: BCC (Basal Cell Carcinoma)

Image courtesy: Dr. Raaza Malja (PGR), Dr. Aisha Ghias (Associate Professor)
Dermatology Department Unit II, KEMU/ Mayo Hospital, Lahore.

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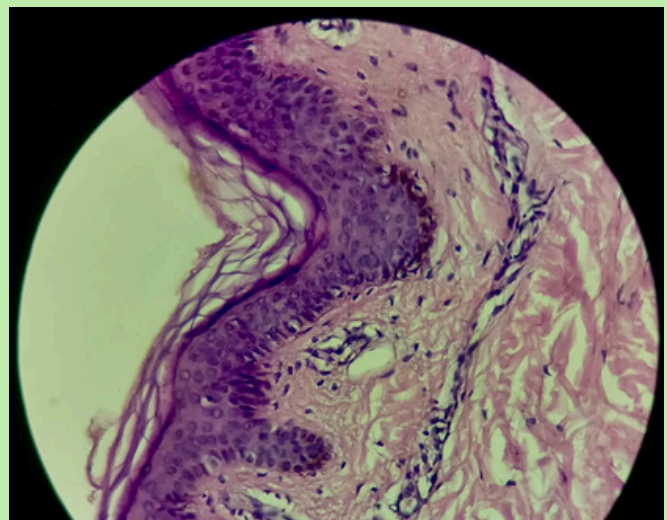
Case description: A 32 years old female presented with multiple asymptomatic hypopigmented macules on body for the last 8 years. The lesions appeared gradually and increased in number over time, with no history of preceding inflammation, scaling, or associated symptoms.



Clinical Pictures: a- Feet, b- Abdomen



Dermoscopy: Porcelain-white structureless areas, Distinct border pattern as Nebuloid, Feathery and Amoeboid pattern.



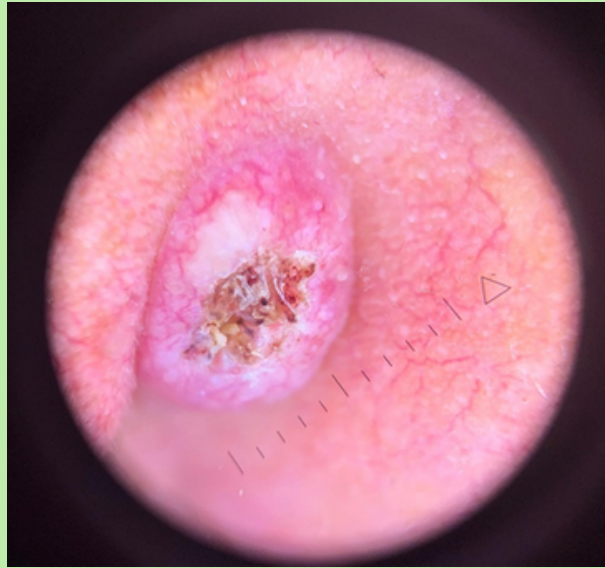
Histopathology: Epidermal atrophy with flattened rete ridges, reduced basal melanization and marked dermal solar elastosis.

Diagnosis: Idiopathic guttate hypomelanosis

Image courtesy: Dr. Raaza Malja (PGR), Dr. Aisha Ghias (Associate Professor)
Dermatology Department Unit II, KEMU/ Mayo Hospital, Lahore.

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Case description: A 70 year old man with nodule on right cheek for last 3 years gradually increasing in size along with ulceration and crusting for last 2 month.



Clinical picture:

Nodulo-ulcerative lesion on side of nose

Dermoscopy:

- Rounded lesion with structureless whitish borders and arborising telangiectatic vessels
- Central ulceration and crusting
- Absence of pigment network

Diagnosis: Basal Cell Carcinoma

Image courtesy: Professor Moizza Tahir, Dr Syed Muzzamal Bukhari, Dr Aamir Habib (HoD)
Department of Dermatology, Pak Emirates Military Hospital, Rawalpindi.

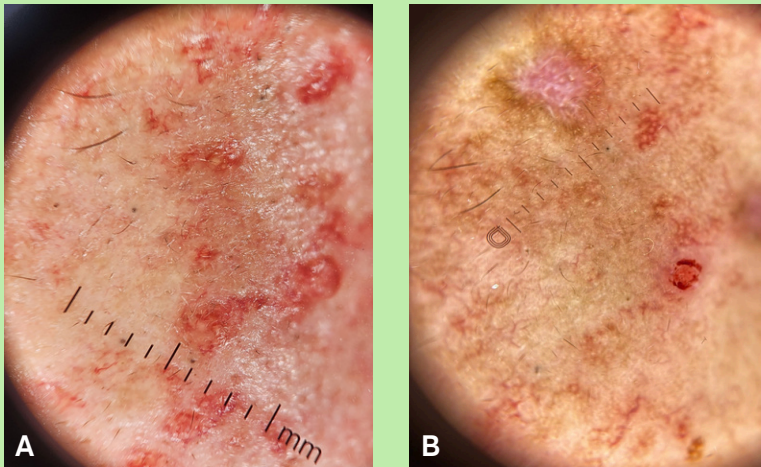
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Case description: A 38-year-old male presented with asymptomatic multiple erythematous papules on the left side of the nose for 4 years, associated with telangiectasias, as well as oozing, bleeding, or erosions on gentle facial cleansing. The lesions progressively increased in size and number. Over the last 2 months, new lesions appeared on the left forehead and upper lip.



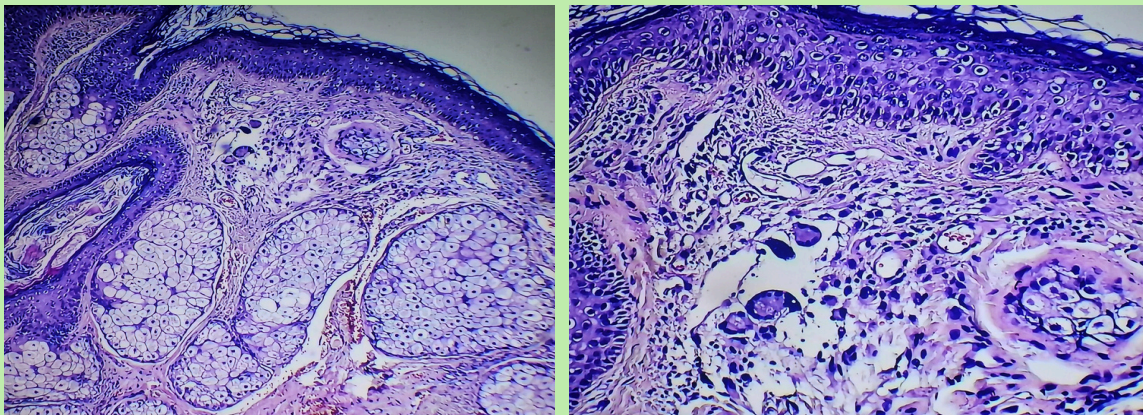
Clinical Picture:

A) Multiple erythematous papules on the left side of the nose (before treatment).
B) Marked clinical improvement at the 10-day follow-up visit with sustained-release minocycline 80 mg/day orally, plus ivermectin 12 mg as a single oral dose.



Dermoscopy:

(DermLite DL5N, polarized, ×10)
A) Polygonal and branched vascular networks, scattered follicular plugs (Pretreatment).
B) Post-treatment findings: Marked reduction in background erythema, and perilesional erythema.



Histopathology: Thinned epidermis, vascular ectasia in the papillary dermis, multinucleated Langhans giant cells with a surrounding lympho-epithelioid infiltrate.

Diagnosis: Granulomatous rosacea

Image courtesy: Professor Dr. Thamir A Kubaisi, Dr. Khalid M Awad

Department of Internal Medicine/Dermatology, College of Medicine, Ramadi Center of Iraqi Board of Dermatology and Venereology, Ramadi Teaching Hospital; Ramadi, Anbar, Iraq.