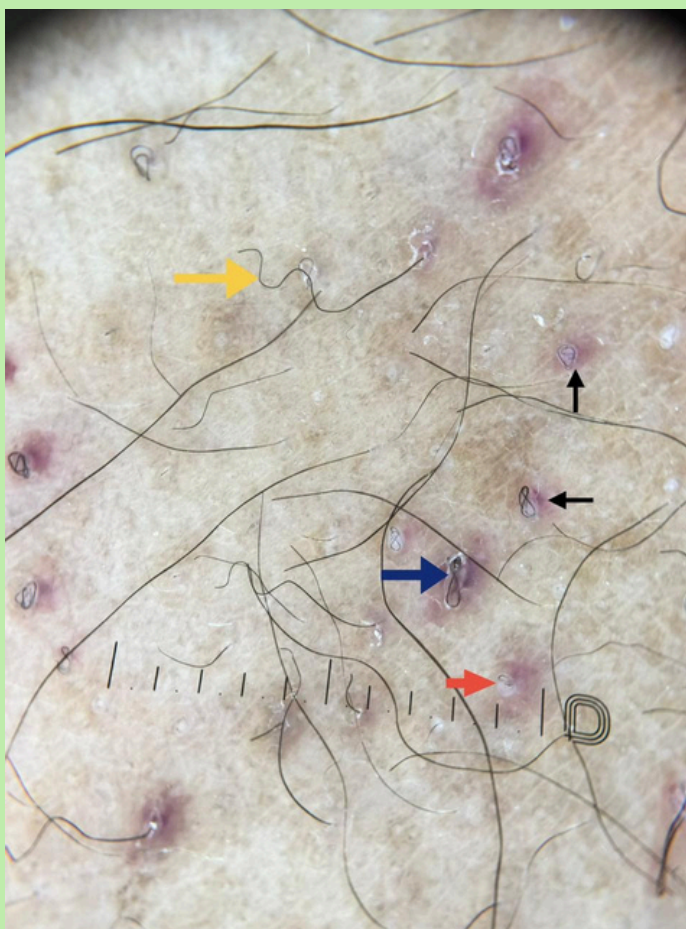


JPAD Dermoscopy Insight

Case description: A 20 year-old woman with a known history of β -thalassemia major presented with progressive fatigue and a three-month history of skin lesions over both lower limbs. There was no history of trauma, bleeding disorders, or recent medication use.



Clinical picture: Multiple perifollicular purpuric papules.



Dermoscopy:

- Blue arrow: Corkscrew hairs
- Black arrows: Perifollicular hemorrhages
- Red arrow: Follicular hyperkeratosis
- Yellow arrow: Swan-neck hair

Diagnosis: Scurvy

Image courtesy: Dr. Mahnoor Aziz

Department of Dermatology, Fauji Foundation Hospital, Rawalpindi.

JPAD Dermoscopy Insight

Case description: A 26-year-old male presented with a one-year history of small, burning, erythematous plaque on the nasal ala. Examination revealed an erythematous plaque with thread-like margins on the ala of nose.



Clinical picture: An erythematous plaque with thread-like margin on the ala of nose.



Dermoscopy: An erythematous border, thready and scaly margins, white structureless areas in the center and keratotic follicular plugs.

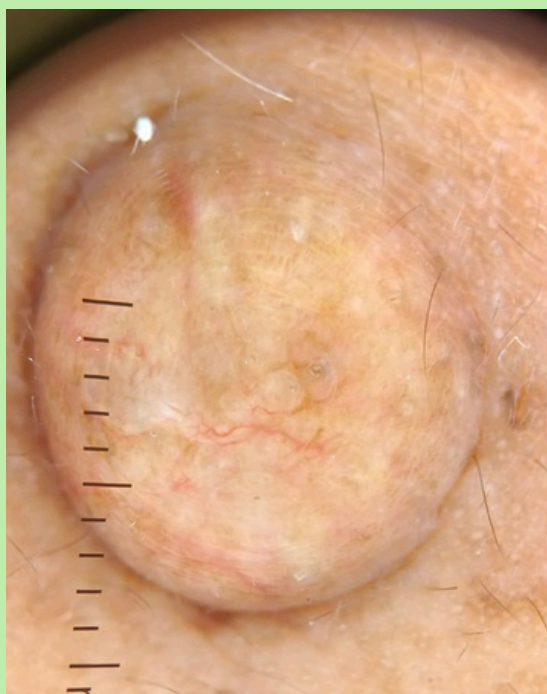
Diagnosis: Follucular variant of porokeratosis

JPAD Dermoscopy Insight

Case description: A 52-year-old male presented with a 2 year history of an asymptomatic yellowish nodule on the left temple. Physical examination reveals a firm, yellowish, non tender mobile nodule with fine surface telangiectasia.



Clinical Picture: Yellowish nodule with surface telangiectasia at temple.



Dermoscopy: Yellowish to ivory white background featuring a central punctum and fine surface telangiectasias.

Diagnosis: Epidermoid cyst

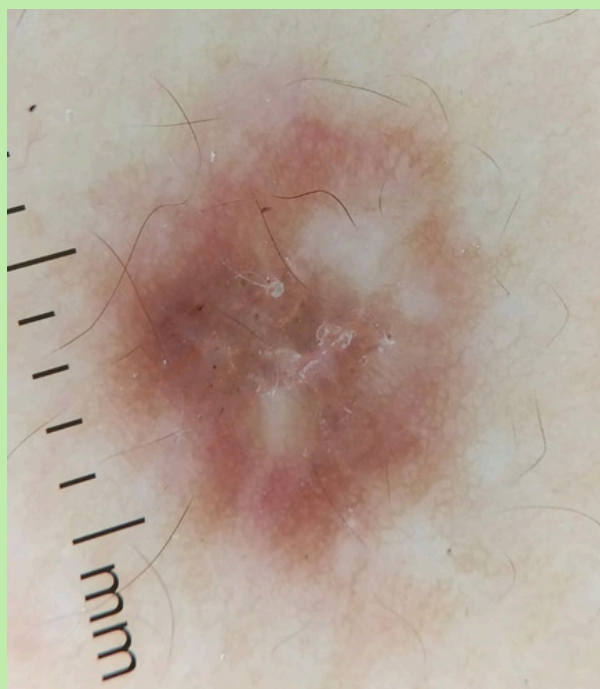
Image courtesy: Dr. Muhammad Khurram Shahzad
Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Dermoscopy Insight

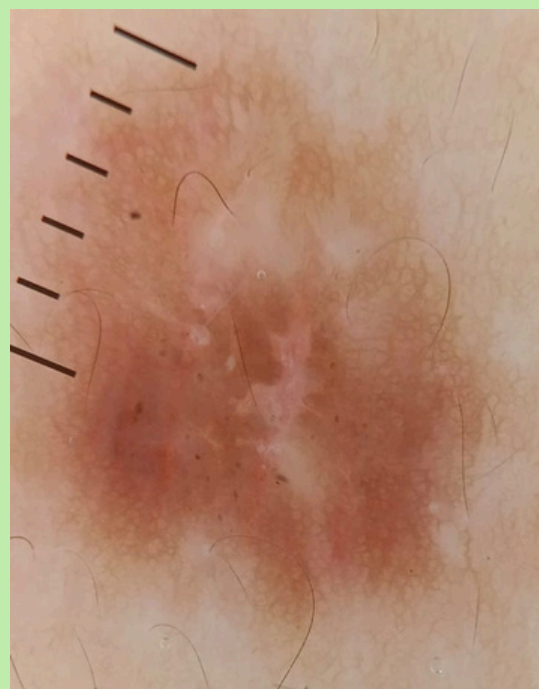
Case description: A 40-year-old male presented with a 20-year history of a brown papule on the left shoulder. He reports recent regression in size and pigmentation without symptoms. Examination shows a small brownish papule on the left shoulder.



Clinical Picture: A small brownish papule on the left shoulder



Dermoscopy: A peripheral faint ring of hypopigmentation



Dermoscopy: Lesion showing a true pigment network that tapers gradually at the periphery. Pink to white structureless area and brownish pigment peppering.

Diagnosis: A regressing melanocytic naevus

Image courtesy: Dr. Muhammad Khurram Shahzad

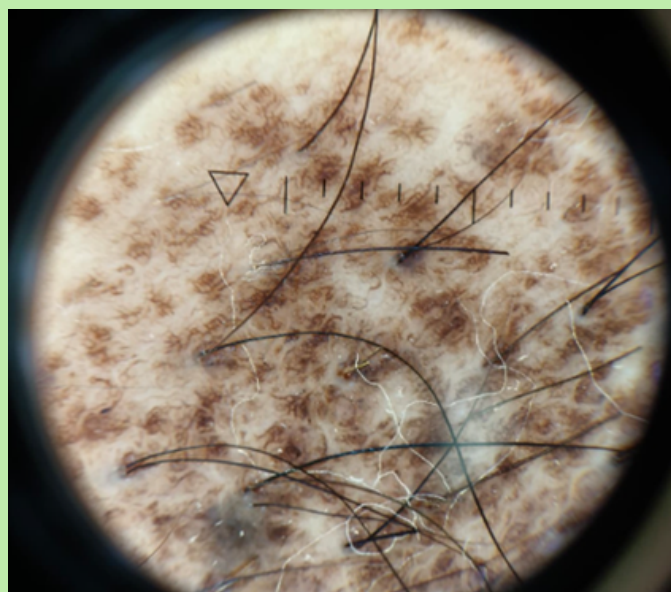
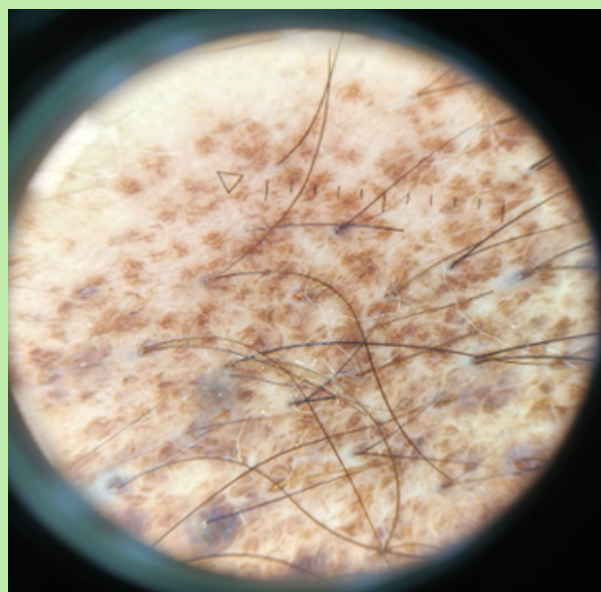
Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Dermoscopy Insight

Case description: A 32 years old male presented with a asymptomatic solitary, well-demarcated, light brown patch over right flank since infancy.



Clinical Picture: A solitary, well demarcated, light brown patch, studded with multiple, discrete, dark brown macules and small papules of varying sizes, imparting a speckled appearance. There is no associated scaling or ulceration.



Dermoscopy: Dark-brown speckles displaying reticular and globular patterns. A subtle focal blue-gray homogeneous area was noted with preserved follicular openings. No atypical pigment network, regression structures, or other melanoma-specific features were identified.

Diagnosis: Speckled lentiginous Nevus (Nevus Spilus)

Image courtesy: Dr. Ayesha Tariq, Prof Dr Najia Ahmed, Dr. Maria Warraich
Department of Dermatology, PEMH Rawalpindi

JPAD Dermoscopy Insight

Case description: A 27-year-old male presented with a two-year history of progressive skin thickening and darkening over the neck, armpits, and groin. Physical exam shows thickened and dark skin in these areas.



Clinical Picture: Thickened and dark skin over neck



Dermoscopy: A characteristic sulci-gyral or cerebriform pattern featuring linear crista cutis and sulcus cutis, accompanied by scattered hyperpigmented dots and globules.

Diagnosis: Acanthosis Nigricans

Image courtesy: Dr. Muhammad Khurram Shahzad
Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Dermoscopy Insight

Case description: An 84-year-old male presented with two asymptomatic flat, well-defined, fine scaly patches for last 15 years, located on the chest and the abdomen. Both lesions were pink with black borders, and had gradually increased in size over the preceding years.



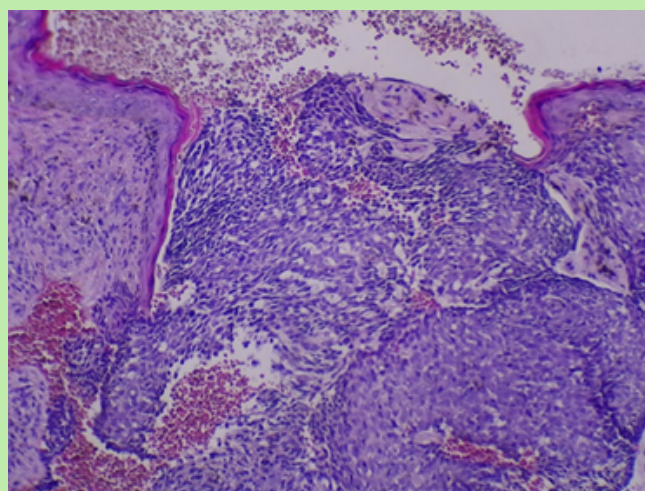
Clinical Picture: Flat, well-defined pink and pigmented scaly patches. Large lesion on the chest. Small lesion on the abdomen



Dermoscopy: Pigmented leaf-like structures, short fine superficial telangiectasia, shiny red structureless areas, surrounded by black edge.



Dermoscopy: Pigmented leaf-like structures, short fine superficial telangiectasia, shiny red structureless areas, surrounded by black edge.



Histopathology: Basaloid lobules projecting from the lower margin of the eroded epidermis

Diagnosis: Superficial basal cell carcinoma

Image courtesy: Prof. Thamer A Kubaisi

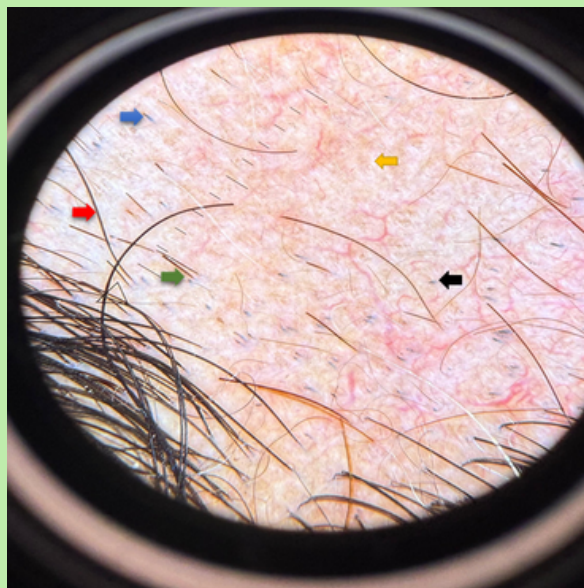
Department of Internal Medicine /Dermatology, College of Medicine, University of Anbar;
 Ramadi Center of Iraqi Board of Dermatology and Venereology Iraq

JPAD Dermoscopy Insight

Case description: A 38-year-old male, presented with a 2-month history of solitary, well defined, oval to round patch of non-scarring alopecia over the right occipital scalp. He was receiving topical corticosteroid therapy at the time of evaluation



Clinical Picture: A solitary, well demarcated, oval to round non-scarring patch of alopecia over the right occipital scalp



Trichoscopy: Prominent yellow dots (yellow arrow), black dots (black arrow), broken hairs (blue arrow), tapering hairs (red arrow), and pathognomonic exclamation mark hairs (green arrow) against a non-scarring background with preserved follicular openings.



Trichoscopy: Yellow dots, black dots, broken hairs, exclamation mark hair and tapering hair. Upright regrowing hair, vellus hair and pigtail hair.

Diagnosis: Alopecia Areata

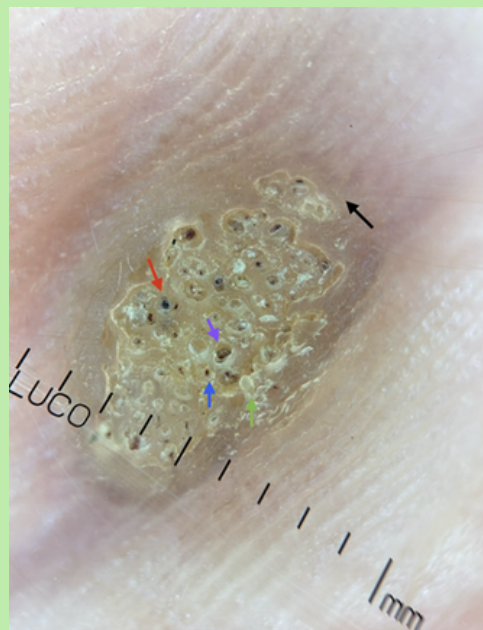
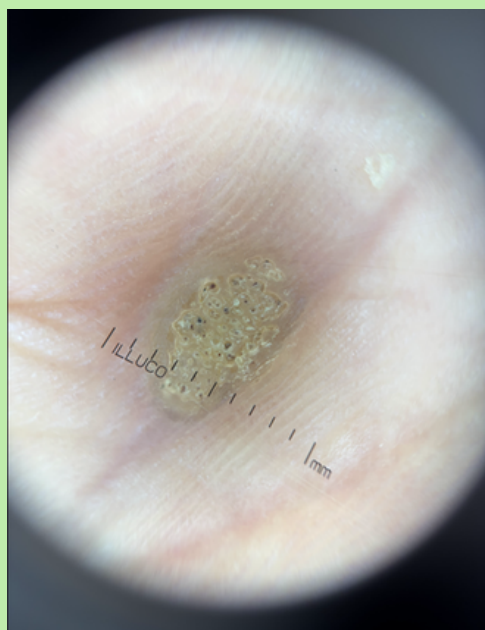
Image courtesy: Dr. Muhammad Bilal, Prof Moizza Tahir, Prof Amir Habib, Dr Quratulain Ejaz
 Department of Dermatology, Pak Emirates Military Hospital, Rawalpindi

JPAD Dermoscopy Insight

Case description: A 55 years old female presented with multiple asymptomatic papular lesions scattered over the palmo-plantar surfaces of both hands. Lesions had increased in number over the past one year.



Clinical Picture: Papules on the dorsal and palmar surface of both hands



Dermoscopy: Frogspawn Appearance; Red arrow: Black Dot showing Thrombosed Vessel; Blue Arrow showing Dilated Capillary; Purple arrow: White Halo; Green arrow: Hyperkeratosis / Crust; Black arrow: Interruption of Dermatoglyphics

Diagnosis: Viral warts

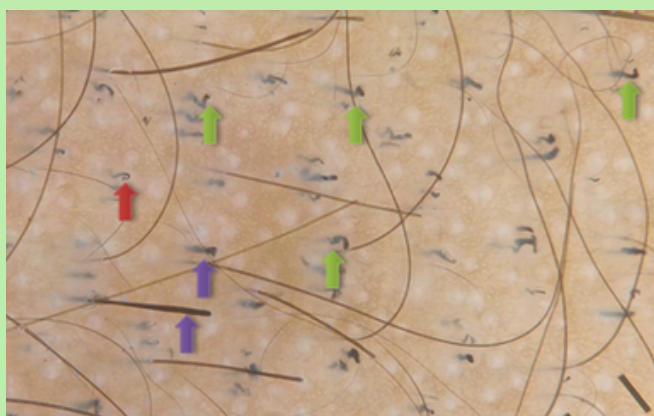
Image courtesy: Dr. Noor ul Huda Ahsan
Fauji Foundation Hospital, Rawalpindi

JPAD Dermoscopy Insight

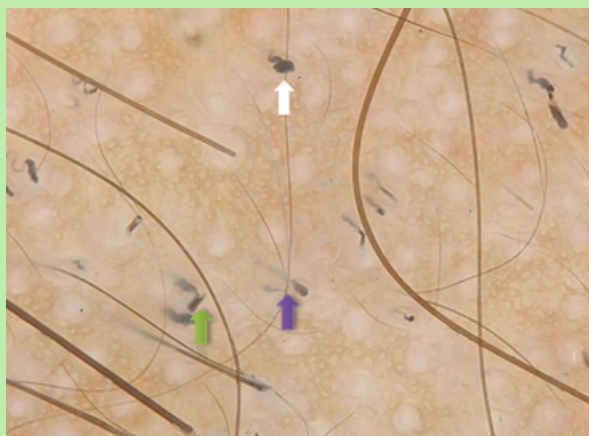
Case description: A 9-year-old girl presented with a two-month history of asymptomatic hair loss. Physical examination of the scalp revealed bilateral, non-scarring patches of alopecia with partially broken hair shafts in the temporal regions



Clinical Picture: Patches of hair loss in bilateral temporal regions



Dermoscopy: Red arrow: coiled hair; Purple arrow: tulip hairs; Green arrow: hooked hair



Dermoscopy: Green arrow: hooked hair; Purple arrow: tulip hair; White arrow: flame hair

Diagnosis: Trichotillomania

Image courtesy: Dr. Muhammad Khurram Shahzad

Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Dermoscopy Insight

Case description: A 72-year-old female presented with a lobulated, hyperpigmented verrucous lesion arising from the lateral aspect of the left lower eyelid margin. The lesion has been present for approximately 3–4 years and has shown a gradual increase in size over time. Over the past one month, the patient has developed itching and discharge from the lesion. There is no history of pain, bleeding, or other associated symptoms.

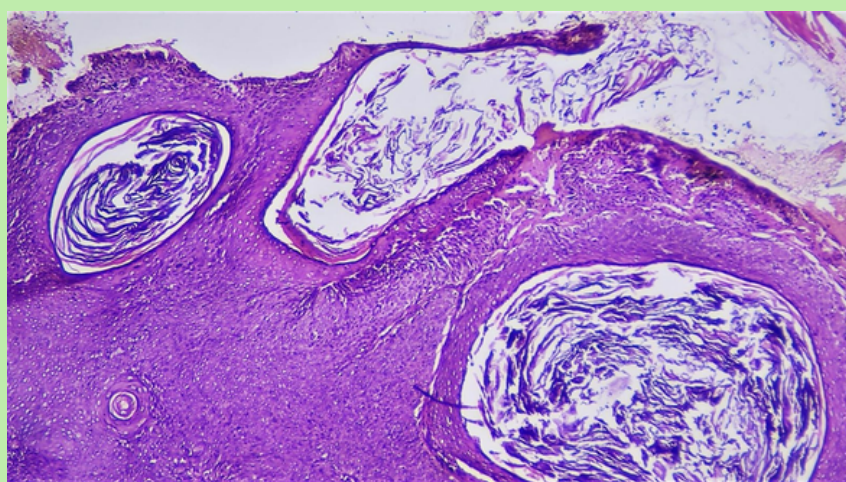


Clinical Picture: Lobulated, hyperpigmented verrucous lesion on the lateral aspect of the left lower eyelid margin



Clinical Picture: Bluish-gray translucent lobulated nodules

- * White to yellow compact keratin.
- * Surface hyperkeratosis/scaling.
- * Comedo-like openings/keratin plugs may be seen.
- * Absence of pigment network.



Histopathology: Numerous horn cysts (true horn cysts) well-circumscribed, intraepidermal cystic spaces completely lined by epidermis and filled with concentric laminated keratin

- * Pseudohorn cysts keratin-filled invaginations that communicate with the epidermal surface
- * Uniform basaloid keratinocytes without significant cytologic atypia or pleomorphism

Diagnosis: Seborrheic keratosis

Image courtesy: Dr. Baad-e-Harum, Prof. Tariq Sarfraz, Brig (R) Arfan-ul-Bari FFH, Rawalpindi

JPAD Dermoscopy Insight

Case description: A 54-year-old female, presented with hyperpigmented verrucous plaque on right lower quadrant of abdomen for 1.5 years. Patient noticed gradual increase in size for 6 months.



Clinical Picture: Hyperpigmented verrucous plaque



Histopathology: Sharp demarcated lesion, comedo like openings (red arrow) and thick ridges and furrows forming a brain-like or cerebriform pattern.

Diagnosis: Seborrheic keratosis

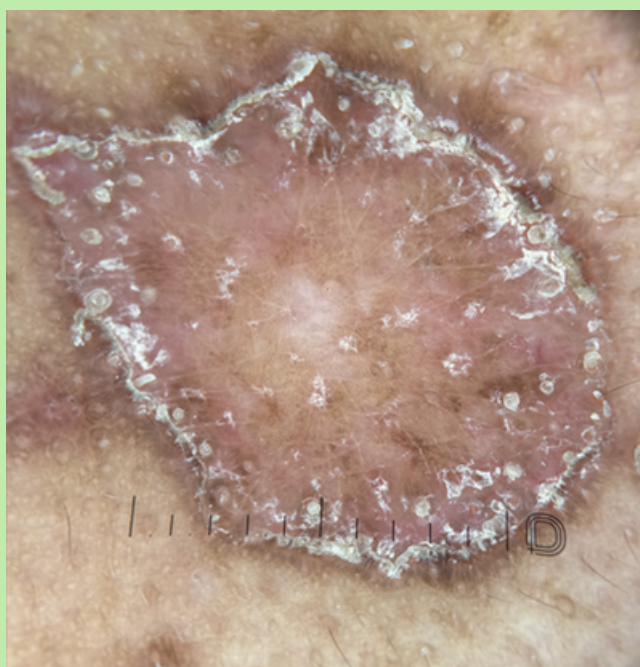
Image courtesy: Dr. M. Bilal, Prof. Najiya Ahmed, Prof. Nadia Iftikhar, Dr. Madiha Sundus
Department of Dermatology, Pak Emirates Military hospital, Rawalpindi

JPAD Dermoscopy Insight

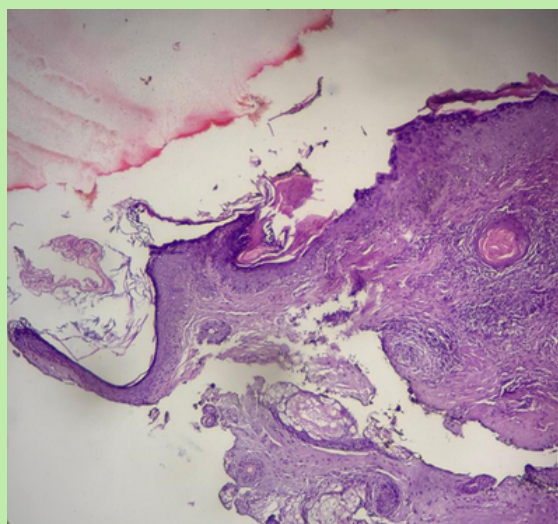
Case description: A 23 yrs old female patient presented with annular papules and plaques with a thread like border with central atrophy, largest on the left cheek and bilateral nasal folds since 2 years slowly increasing in size



Clinical Picture: Annular papules and plaques with a thread like border and central atrophy



Dermoscopy: A characteristic peripheral white-yellow keratotic ridge ('white track'), enclosing a central atrophic area with variable brown pigmentation and sparse dotted or linear vessels.



Histopathology: The section reveals skin showing focal column of parakeratosis (Cornoid lamella) in epidermis along with focal follicular plugging. There dermis shows mild perivascular lymphocytic infiltrate. No evidence of malignancy is seen in the material examined

Diagnosis: Porokeratosis

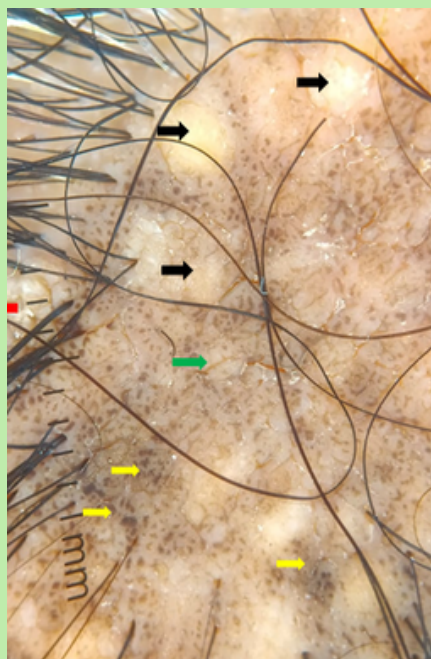
Image courtesy: Dr Sana Khan, Dr. Mahnoor Aziz, Dr. Arfan Ul Bari, Dr. Tariq Sarfaraz
Foundation University Islamabad, Fauji Foundation Hospital, Rawalpindi

JPAD Dermoscopy Insight

Case description: A 42-year-old man presents with a history of an asymptomatic, warty plaque on his scalp since early childhood. Physical examination reveals a hyperpigmented, warty, and non-tender plaque on the scalp. There is no cervical lymphadenopathy.



Clinical Picture: A solitary hyperpigmented warty plaque on scalp



Dermoscopy: Shows a cerebriform lesion (green arrow) with a cobblestone texture, black comedo-like openings (yellow arrows), yellowish nodular outgrowths (black arrows), and a cauliflower-like exophytic mass (red arrow)

Diagnosis: Nevus sebaceus of Jadassohn with suspected benign tumors development

Image courtesy: Dr. Muhammad Khurram Shahzad

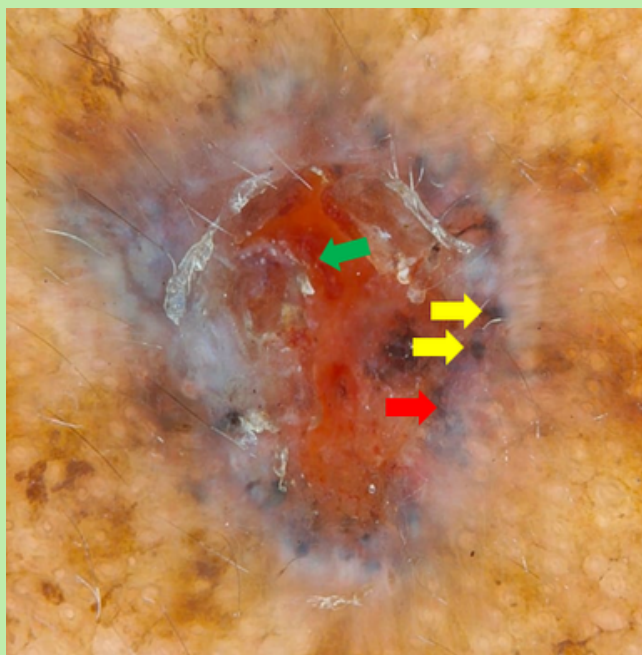
Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.

JPAD Dermoscopy Insight

Case description: A 25-year-old female with xeroderma pigmentosa developed a brownish ulcerated plaque over the jaw for the last three months. Examination revealed a small ulcerated plaque with a peripheral rim of bluish pigmentation.



Clinical Picture: A small ulcerative plaque with hyperpigmented periphery



Dermoscopy: Central ulceration (green arrow) , peripheral gray-blue nests and globules (yellow arrows), and spoke-wheel areas (red arrow)

Diagnosis: BCC (BASAL CELL CARCINOMA)

Image courtesy: Dr. Muhammad Khurram Shahzad

Department of Dermatology, Sheikh Zayed Hospital, Rahim Yar Khan.