

Chapter 45

A Disfiguring Scalp Lesion



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A 65-year-old woman presented with a five-year history of a disfigured lesion with coexisted hair loss on the scalp.

A physical examination revealed ill-defined, erythematous area with hair loss and scaling (Fig. 45.1).

On dermoscopy, large keratotic yellow dots with radial, thin arborizing vessels emerging from the dot (also known as “red spider in yellow dot”), fine interfollicular scaling, and white areas lacking of follicular openings were observed (Fig. 45.2). A dermoscopy-guided biopsy was performed (Fig. 45.3).

Based on the case description, clinical and dermoscopic photographs, what is your diagnosis?

Differential Diagnoses

1. Alopecia areata.
2. Lichen planopilaris.
3. Discoid lupus erythematosus.
4. Dissecting cellulitis.

Diagnosis

Discoid lupus erythematosus.

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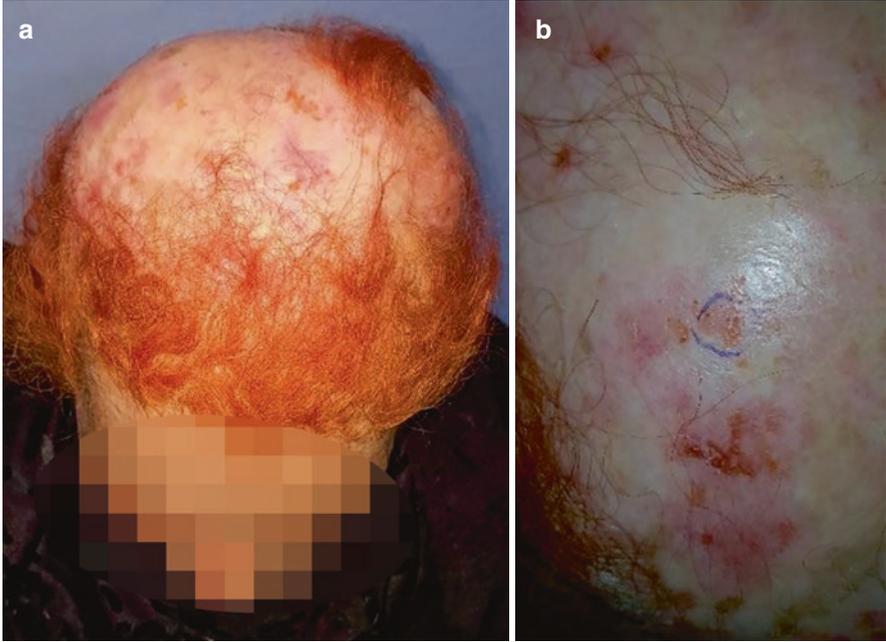


Fig. 45.1 An ill-defined erythematous area of hair loss with coexisting scaling

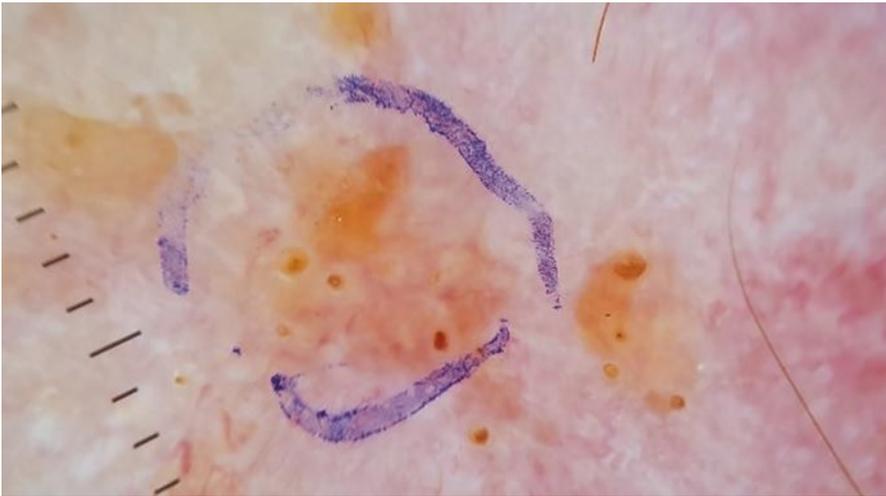


Fig. 45.2 Large keratotic yellow dots with radial, thin arborizing vessels emerging from the dot. Red dots are also presented



Fig. 45.3 A dermoscopy-guided biopsy

Discussion

Discoid lupus erythematosus represents the most common subtype of cutaneous lupus erythematosus. The disease is usually diagnosed based on the clinical presentation. However, in some cases, biopsy is required to distinguish discoid lupus erythematosus from other inflammatory, infectious or neoplastic diseases [1].

Dermoscopy is a useful tool that improves diagnostic accuracy in the preoperative evaluation of pigmented skin tumours [2]. It is also used in diagnosing nonpigmented tumours and inflammatory skin disorders [3]. Dermoscopy and videodermoscopy have been shown as helpful methods in differentiation between discoid lupus erythematosus and other scarring alopecias such as lichen planopilaris [4, 5].

Perifollicular whitish halo, follicular keratotic plugs and telangiectasias are the most common dermoscopic criteria for discoid lupus erythematosus. In advanced lesions white areas lacking of follicular openings are observed [6, 7].

Dermoscopy is helpful in selecting the best site for the biopsy. A biopsy should not be performed from area of scarring [8]. In the presented patient, the initial diagnosis of discoid lupus erythematosus was confirmed in histopathological examination.

Key Points

- Discoid lupus erythematosus represents the most common subtype of cutaneous lupus erythematosus.
- Dermoscopy is a useful tool that improves diagnostic accuracy in discoid lupus erythematosus.
- In case of cicatricial alopecia, a biopsy should not be performed from area of scarring.

References

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