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E-CASE REPORT

Annular Lichenoid Dermatitis of Youth: A Report of 2 Cases and a Review of the Literature☆

I. Vázquez-Osorio,[a,*] M. González-Sabín,[a] P. Gonzalvo-Rodríguez,[b] E. Rodríguez-Díaz[a]

[a] *Servicio de Dermatología, Hospital de Cabueñes, Gijón, Asturias, Spain*
[b] *Servicio de Anatomía Patológica, Hospital de Cabueñes, Gijón, Asturias, Spain*

KEYWORDS
Annular lichenoid dermatitis;
Lichenoid dermatitis;
Childhood;
Mycosis fungoides

Abstract Annular lichenoid dermatitis of youth is a lichenoid dermatosis of unknown etiology. It mostly affects children and adolescents and has well-defined clinical and histological characteristics that permit a diagnosis. We present 2 new cases of annular lichenoid dermatitis of youth with classical clinical features in 2 girls, aged 2 and 4 years. The histologic findings, however, differed from those reported in the literature in that the lichenoid inflammatory infiltrate was located primarily at the top of the dermal papillae and not at the tips of the rete ridges. In both cases, the lesions regressed spontaneously without treatment.

PALABRAS CLAVE
Dermatitis liquenoide anular;
Dermatitis liquenoide;
Infancia;
Micosis fungoide

Dermatitis anular liquenoide de la infancia. Descripción de 2 casos y revisión de la literatura

Resumen La dermatitis anular liquenoide de la infancia es una entidad de etiología desconocida que forma parte del grupo de las dermatosis liquenoides. Afecta sobre todo a niños y adolescentes, mostrando unas características clinicopatológicas definidas que permiten su diagnóstico. Presentamos 2 nuevos casos de dermatitis liquenoide anular de la infancia en 2 niñas de 4 y 2 años y medio, respectivamente, que presentan las características clínicas clásicas de esta entidad. A diferencia del resto de casos publicados el examen histopatológico mostró un infiltrado inflamatorio liquenoide situado principalmente en el techo de las papilas dérmicas, y no en la punta de las crestas epidérmicas. En ambos casos las lesiones regresaron espontáneamente sin necesidad de tratamiento.

Introduction

Annular lichenoid dermatitis of youth (ALDY) is an uncommon clinical and histopathological condition of unknown etiology and pathogenesis. Clinically, it is characterized by annular erythematous lesions with a whitish center located on the trunk; histologically, it is characterized by a lichenoid infiltrate with necrotic keratinocytes, found generally at the

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* Corresponding author.
E-mail address: rogivaos@gmail.com (I. Vázquez-Osorio).

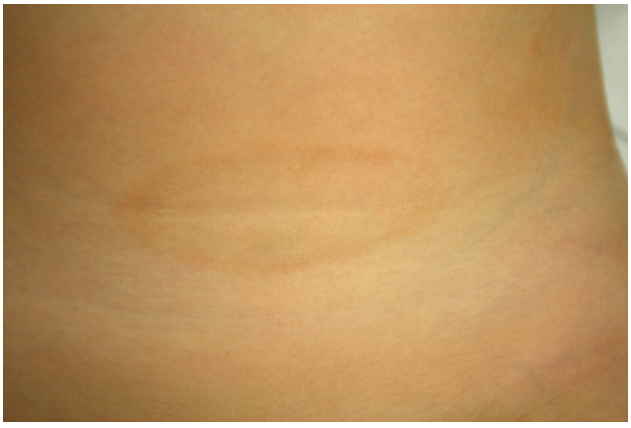

Figure 1 Oval plaque on the left flank with an erythematous edge and hypopigmented center.

tip of the rete ridges. We present 2 new cases of this disease and review the literature to date.

Patient 1

A healthy 4-year-old girl presented with a 1-month history of asymptomatic lesions on both flanks and groins and on her left axilla. The physical examination revealed well-defined annular plaques with a slightly palpable erythematous edge and hypopigmented center (Fig. 1). Analysis of a biopsy specimen from the edge of the lesion revealed elongated and quadrangular rete ridges, vacuolization of the basal layer, and a lichenoid lymphocytic inflammatory infiltrate (Fig. 2 A and B). Immunohistochemistry revealed a predominance of $CD3^+$ and $CD4^+$ lymphocytes. No further tests were performed, and the patient was prescribed emollient creams. Five months later, the lesions returned spontaneously. No further relapses have been recorded after 2 years of follow-up.

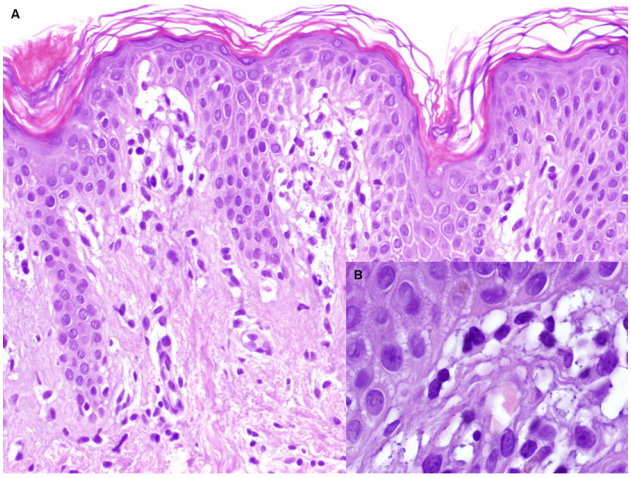

Figure 2 A. Hematoxylin-eosin, original magnification, × 100. Biopsy of the edge of the lesion. Elongated rete ridges with a lichenoid lymphocytic infiltrate at the top of the dermal papillae and vacuolization of the basal layer. B. Hematoxylin-eosin, original magnification, × 400. Greater detail showing multiple apoptotic keratinocytes.

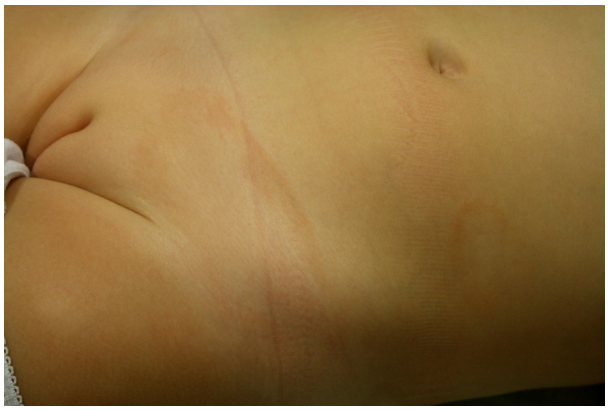

Figure 3 Two annular plaques measuring 6 and 1.5 cm on the left abdomen and suprapubic region, respectively, with a slightly palpable erythematous edge and hypopigmented center.

Patient 2

A healthy girl aged 2.5 years presented with a 3-month history of asymptomatic lesions on the left side of the abdomen and suprapubic region. The lesions took the form of annular plaques measuring 6 and 1.5 cm, respectively, with a slightly palpable erythematous edge and a hypopigmented center (Fig. 3). Histopathology of the edge of one of the lesions revealed basket weave hyperkeratosis, edema of the papillary dermis, and an lichenoid lymphocytic inflammatory infiltrate located mainly at the top of the dermal papillae (Fig. 4A and B). Immunohistochemistry revealed a predominance of $CD3^+$ and $CD4^+$ lymphocytes (Fig. 4 C and D). The lesions regressed without treatment at 7 months. No relapses have been recorded after 3 years of follow-up.

Discussion

ALDY forms part of a wide group of lichenoid skin diseases. It was first reported in 2003,[1] and since then 46 cases have been published (Table 1).[1–12] Given its clinical and histopathological similarity to other skin diseases, especially mycosis fungoides, it is probably underdiagnosed, potentially leading to erroneous diagnosis and management.

ALDY mainly affects young people (mean age, 14.7 years; median age, 10.5 years [range, 2-79 years]), although it has also been reported in adults; therefore, it has been suggested that the name of the disease be changed to annular lichenoid dermatitis. The disease affects slightly more males than females (27 M/19 F), mainly white persons of European origin, especially from the Mediterranean area,[1–7,9,12] although the disease has been reported in 2 American males[10,11] and a Japanese girl.[8]

Patients with ALDY do not have a relevant history, except for 2 patients who had atopic dermatitis[5,6] and a patient with asthma and allergic rhinitis.[1]

Clinically, ALDY is characterized by the presence of 1 or more well-defined erythematous macules that grow slowly at the periphery to form larger annular plaques. The