

# Dermatoscopy of Common Lesions in Pediatric Dermatology

Giuseppe Micali, MD<sup>a,\*</sup>, Anna Elisa Verzi, MD<sup>a</sup>,  
 Enrica Quattrocchi, MD<sup>a</sup>, Chau Yee Ng, MD<sup>b</sup>,  
 Francesco Lacarrubba, MD<sup>a</sup>

## KEYWORDS

• Dermatoscopy • Dermoscopy • Videodermatoscopy • Pediatric skin disorders

## KEY POINTS

- Being non invasive, dermatoscopy is perfectly suitable for use in the pediatric population, and its applications are constantly increasing.
- Dermatoscopy has demonstrated usefulness in a variety of cutaneous growths and proliferative, infectious, parasitic, pigmentary, inflammatory, congenital, and genetic cutaneous and skin appendage disorders in children.
- This article focuses on the dermatoscopy features of juvenile xanthogranuloma, verrucous epidermal nevus, sebaceous naevus, Langerhans cell histiocytosis, vitiligo, cutaneous mastocytosis, median raphe cyst, aplasia cutis congenita of the scalp, and pseudoxanthoma elasticum.

## INTRODUCTION

Being non invasive, dermatoscopy has demonstrated to be very useful in children to enhance the diagnosis of a variety of proliferative, infectious, pigmentary, inflammatory, malformative, and genetic cutaneous and skin appendage disorders (**Table 1**), and its use is constantly increasing.<sup>1–3</sup> This article focuses on those non-melanocytic disorders typically encountered in pediatric age in which the diagnostic value of dermatoscopy has been reported and not otherwise described in this *Dermatologic Clinics* issue (see **Table 1**).

## CUTANEOUS GROWTHS/PROLIFERATIVE DISORDERS

### *Juvenile Xanthogranuloma*

Juvenile xanthogranuloma (JXG) is a benign non-Langerhans cell histiocytosis occurring in 40% to

70% of cases during the first year of life.<sup>4,5</sup> Adults are rarely affected.<sup>6</sup> Clinically, lesions appear as single or multiple yellow, orange, or reddish papules or nodules of different sizes (**Fig. 1A**). The head and the neck represent the most common involved sites, but trunk and extremities also may be affected.<sup>7</sup> Spontaneous regression may occur, sometimes leaving a residual atrophic or hyperpigmented scar. The diagnosis is generally clinical but, in some cases, histopathological examination is required.

Dermatoscopy of JXG shows a typical pattern consisting of diffuse, homogeneous orange-yellowish hue surrounded by a slight erythema, also known as “setting sun” appearance<sup>7–13</sup> (**Fig. 1B**). This finding is histopathologically related to the presence of aggregates of lipid-laden histiocytes (“foam cells”) in the superficial dermis. The presence of linear and branched vessels may also be detected, especially when the

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<sup>a</sup> Dermatology Clinic, University of Catania, Via S. Sofia 78, Catania 95123, Italy; <sup>b</sup> Department of Dermatology, College of Medicine, Chang Gung Memorial Hospital, No. 199, Tun-Hwa North Road, Taipei 105, Taiwan

\* Corresponding author. Dermatology Clinic, University of Catania, Via S. Sofia 78, Catania 95123, Italy.

E-mail address: cldermct@gmail.com

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**Table 1**  
**Main indications of dermoscopy in pediatric dermatology beyond melanocytic lesions**

**Cutaneous growths/proliferative disorders**

Juvenile xanthogranuloma <sup>a</sup>	Homogeneous orange-yellowish hue (setting sun appearance) Linear/branched vessels Yellow globules
Pyogenic granuloma	Reddish homogeneous area White collarette White rail lines Vascular structures Ulceration
Verrucous epidermal nevus <sup>a</sup>	Large brown circles Fissures, comedo-like openings, milia-like cysts, brown globules, brown-grayish dots, papillomatous surface, cerebriform and cobblestone appearance
Sebaceous naevus <sup>a</sup>	Roundish, yellowish/orange structures Bright yellow dots Telangiectasias Cerebriform patterns/verrucous proliferations
Langerhans cell histiocytosis <sup>a</sup>	Reddish-purple areas Whitish areas and brown dots

**Infectious and parasitic skin disorders**

Anogenital warts	Whitish network circumscribing areas centered by dilated glomerular/dotted vessels (papular lesions) Multiple, irregular whitish projections arising from a common base containing elongated and dilated vessels (cauliflower-like lesions)
Cutaneous warts	Irregularly distributed, reddish to black dots on a whitish background (papular lesions) Multiple papillomatous projections containing elongated and dilated vessels (filiform lesions) Interrupted skin lines
Molluscum contagiosum	Yellowish-white, lobulated, amorphous central structures Crown of linear/fine/blurred vessels
Scabies	Low magnification: jet-shaped triangular structure (mite) and contrail-shaped segment (burrow) High magnification: mites, eggs, and feces
Pediculosis	Lice, full/empty nits fixed to the hair shaft
Cutaneous leishmaniasis	Diffuse erythema Yellow "tears," yellowish-orange areas Polymorphous vessels
Tinea capitis	Broken hairs Comma hairs, corkscrew hairs Interrupted hairs (Morse-code hairs) Zigzag hairs Erythema, scaling, pustules, and crusts

**Disorders of pigmentation**

Vitiligo <sup>a</sup>	Pigmentary network reduced, reversed, or absent Perifollicular hyperpigmentation (progressive/active and repigmenting vitiligo) or depigmentation (stable disease) Leukotrichia
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**Inflammatory skin disorders**

Psoriasis	Low magnification: dotted/pinpoint capillaries, scaling High magnification: glomerular/bushy capillaries
Pityriasis lichenoides chronica	Orange-yellowish structureless areas Nondotted vessels (milky-red areas/globules, linear irregular and/or branching vessels)

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