

## A Particular Bicentric Structure in Dermoscopic Demonstration of Degos Disease

Anqi Li<sup>1</sup>, Rouyu Fang<sup>1</sup>, Qiuning Sun<sup>1</sup>

<sup>1</sup> Department of Dermatology, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China

**Citation:** Li A, Fang R, Sun Q. A Particular bicentric structure in dermoscopic demonstration of Degos Disease. *Dermatol Pract Concept.* 2022;12(3):e2022096. DOI: <https://doi.org/10.5826/dpc.1203a96>

**Accepted:** October 30, 2021; **Published:** July 2022

**Copyright:** ©2022 Li et al. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (BY-NC-4.0), <https://creativecommons.org/licenses/by-nc/4.0/>, which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original authors and source are credited.

**Funding:** This research was supported by Sedimentation Integration Fund of Peking Union Medical College Hospital (ZC201902245).

**Competing interests:** None.

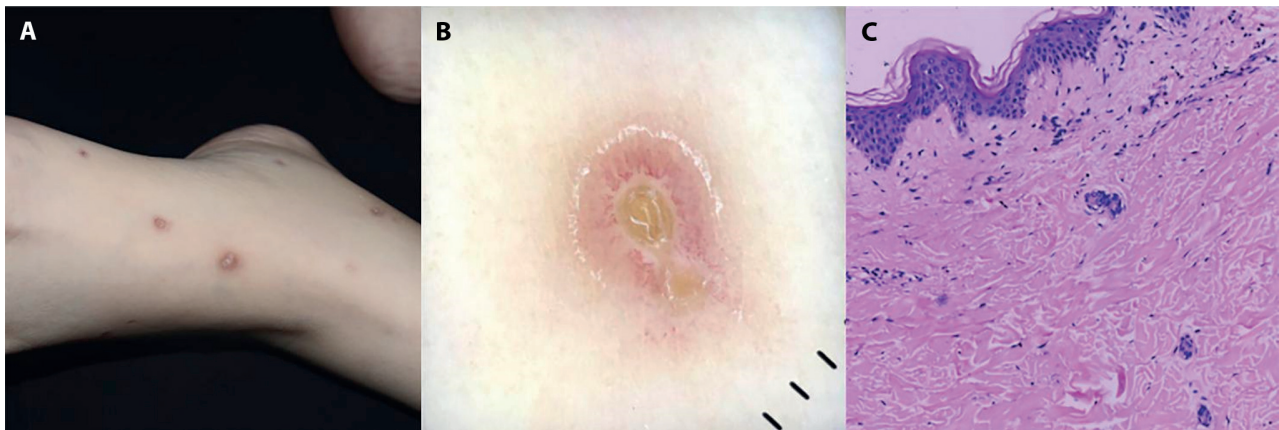
**Authorship:** All authors have contributed significantly to this publication

**Corresponding author:** Qiuning Sun, Peking Union Medical College Hospital, Department of Dermatology No.1 Shuaifuyuan, Dongcheng District, Beijing, China. Tel: +86 13910318639, E-mail: [doctorjenny1@126.com](mailto:doctorjenny1@126.com)

### Case Presentation

A 38-year-old woman suffered recurrent abdominal pain and rashes for 1 year. Physical examination showed multiple red papules with porcelain-white centers over her trunk and limbs (Figure 1A). Dermoscopic imaging demonstrated

2 yellow-white structureless centers of different sizes with telangiectasia, similar to a bicentric structure (Figure 1B). Histopathology showed intravascular thrombosis in the dermis (Figure 1C). Abdominal CT scanning confirmed small bowel perforation and abdominal adhesion. A diagnosis of Degos disease was made.



**Figure 1.** Clinical, dermoscopic, and histopathological figures (A) red papules with porcelain-white atrophic centers (B) two yellow-white structureless centers in different sizes with telangiectasia (C) epidermis atrophy, vacuolar degeneration of basal layer, increased collagen fibers, and intravascular thrombosis of the dermis.

## Teaching point

Degos disease is characterized by unusual chronic thrombo-obliterative vasculopathy that affects small vessels. The histopathology of Degos disease is inconsistent, so dermoscopy may be helpful in making a definite diagnosis. The dermoscopic character of Degos disease is a homogeneous yellow-white structureless area in the center, surrounded by a circular hairpin-like small vessel [1,2]. Apart from the features mentioned previously, we noticed a particular bicentric structure, which is related to avascular necrosis caused by thrombosis.

## References

1. Darwich E, Guilabert A, Mascaró JM Jr, et al. Dermoscopic description of a patient with thrombocythemia and factor V Leiden mutation-associated Degos' disease. *Int J Dermatol*. 2011;50(5):604-6. DOI: 10.1111/j.1365-4632.2010.04539.x. PMID: 21506980.
2. Anker JP, Kaminska-Winciorek G, Lallas A, et al. The dermoscopic variability of Degos disease at different stages of progression. *Dermatol Pract Concept*. 2014;4(3):59-61. DOI: 10.5826/dpc.0403a11. PMID: 25126461. PMCID: PMC4132001.