Dermatology Practical & Conceptual

White Rosettes as a New Dermoscopic Finding in Acute Cutaneous Lupus Erythematosus Patient With Unilateral Erythema

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Case presentation

A 65-year-old female presented with a 2-week history of swelling erythema (10 cm × 8 cm) on her left cheek, without pruritus, pain, or systemic complaints (Figure 1A). Dermoscopy showed some whitish scales, mixed vascular pattern, and remarkable white rosettes on a pinkish reddish background (Figure 1B). Skin biopsy of the lesion revealed epidermal atrophy in addition to follicular plugging, obviously vacuolar degeneration of the basal layer, and remarkable superficial and deep perifollicular lymphocytic inflammatory infiltrate (Figure 1C). After treatment of 200 mg hydroxychloroquine daily, the lesion was relieved entirely in the eighth week. We have obtained informed consent from this patient.

Teaching Point

Acute cutaneous lupus erythematosus (ACLE) is a subcategory of LE-specific skin disease, which is usually diagnosed based on typical lesions. Because the ACLE has less cutaneous involvement, it is essential to identify such lesions early for appropriate interventions promptly. White rosettes are not lesion-specific and were reported in many lesions, including discoid lupus erythematosus (DLE) [1], while there are few reports of white rosettes in ACLE in the literature. In our case, lots of white rosettes with the same size, shape, and orientation angle are observed in the same field of view.

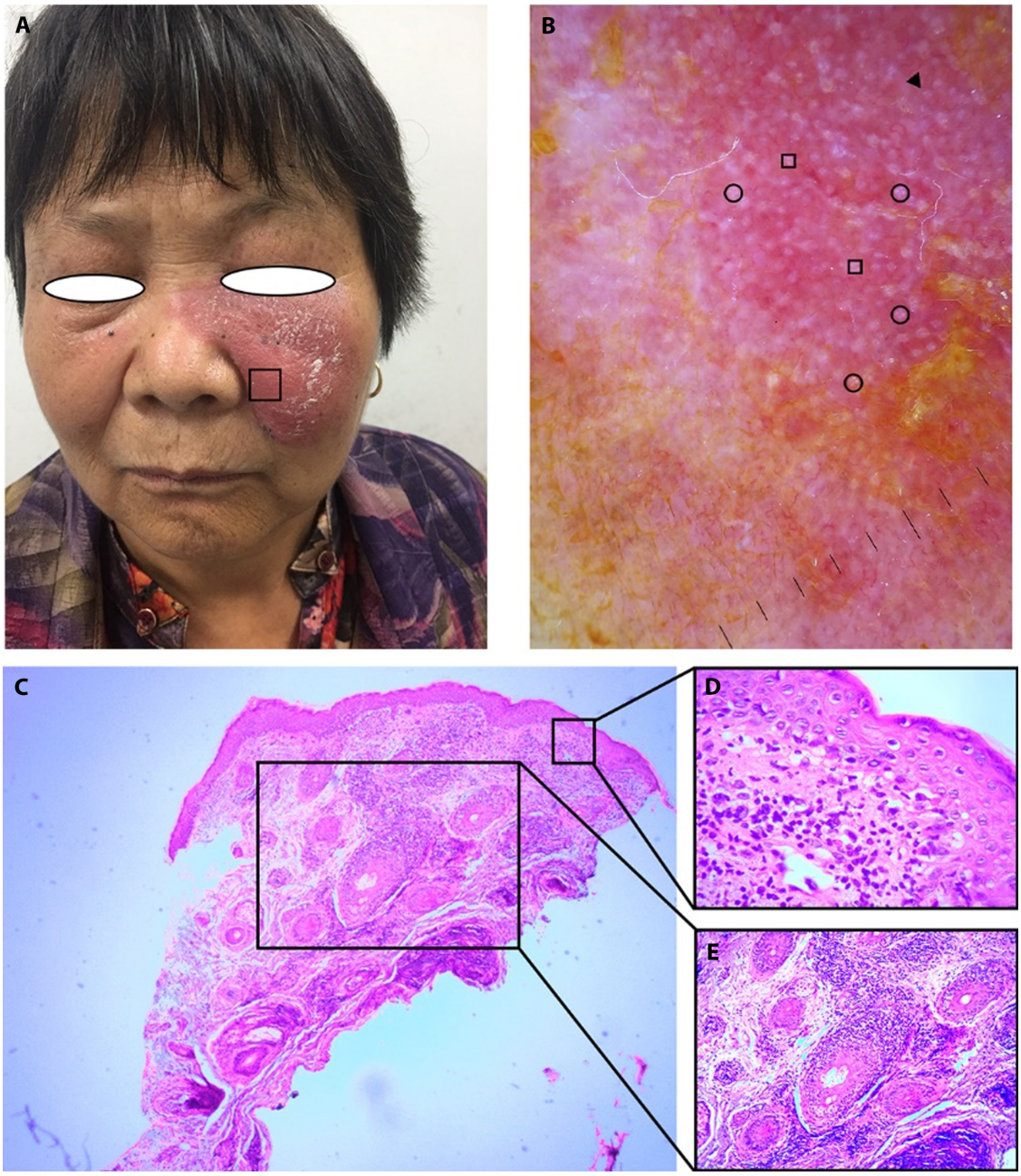

Figure 1. (A) Unilateral swelling erythematosus patch on the patient's left face without contralateral involvement. (B) Dermatoscopy of a target lesion (the site highlighted in (A)) shows some whitish scales, mixed vascular pattern (black triangle), and remarkable white rosettes (black circle) with some white shiny structures (black square) on a pinkish reddish background. (C) Histopathological of the skin biopsy showing follicular plug, superficial and deep perifollicular lymphocytic infiltrate (H&E×100). (D) Vacuolar degeneration of the basal layer and (E) Remarkable superficial and deep perivascular and periadnexal lymphocytic infiltrate at higher magnification from the sites highlighted in (C) respectively (H&E×200).

References

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