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Pigmentation-To be or not to be afraid!

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Introduction

Hyperpigmentation is a skin disorder with high prevalence, represents a dermatological condition with aesthetic implication. For any clinician, it is infact the tip of an iceberg, leading him/her to investigate what lies beneath the surface [1].

Keywords:

Case 1

A 30-year female presented with complaints of small dark spots over hands, feet, oral cavity and altered fingerprints since birth.

Histopathology indicated Dermatopathia pigmentosa reticularis. The typical histopathologic picture shows liquefaction degeneration of the basal layer and dermal pigmentary incontinence. Interface dermatitis can be present [2].

It is a rare autosomal dominant ectodermal dysplasia with the diagnostic triad of generalized reticulate hyperpigmentation, noncicatricial alopecia, and onychodystrophy. No specific treatment exists, except for symptomatic management of some of the associated conditions [3].

Case 2

A 35-year patient presented with asymptomatic dark spots on her hands and feet since 3 years. Histopathology indicated Reticulate acropigmentation of Kitamura. It revealed epidermal atrophy with elongation of the rete ridges and basilar hyperpigmentation [4]. It is a rare genodermatosis with usual age of onset during childhood or in the first and second decades of life. The lesions initially arise as lentiginous, hyperpigmented macules in a reticular pattern on the dorsal aspect of the hands and feet. A characteristic feature of the early lesions is atrophy. Over time, lesions may spread proximally and may darken. Palmoplantar pitting and dermatoglyphic disruption may also be present. Unfortunately, this disorder is difficult to manage due to limited therapeutic options [5].

Case 3

A 9-year patient presented with complaints of multiple asymptomatic light and dark spots over both hands and legs since 2 years.

Histopathology indicated Dyschromatosis symmetrica hereditaria. Biopsy of hyperpigmented and hypopigmented macules shows basal melanosis and hypomelanosis, respectively along with elongation, tufting and deep hyperpigmentation of the rete ridges [6].

It is a rare autosomal dominant genodermatosis, characterized by mottled pigmentation, also known as reticulate acropigmentation of Dohi. It presents during infancy or early childhood with areas of hyperpigmentation on dorsa of hands and feet and sometimes forearms and legs. Face is usually spared, but it is sometimes affected by a few scattered, small, pigmented macules [7].

Case 4

A 37-year female presented with complaints of darkening of the face since 18months and mild itching over the face since 6 months.

Histopathology suggested Erythema dyschromicum perstans. Biopsy showed widening of the intercellular spaces, desmosome retraction, vacuolar changes, membrane-free clear spaces in both basal and spinous cells, discontinuity of the basal lamina, and dermal melanophages.

It is a chronic progressive disorder of pigmentation that is characterized by gray or blue-brown macules or patches in individuals with Fitzpatrick skin types III-V. The lesions are usually distributed symmetrically on both sun- and non-sun-exposed areas including the trunk, limbs, neck, and face. The condition is most often confused with Lichen Planus Pigmentosus. Multiple treatment modalities are available but nothing has given promising results [8].

Case 5

A 4-year male, Informant (Mother) presented with complaints of multiple asymptomatic dark spots over the face and neck since 2 months following fever.

Histopathology indicated Post Inflammatory Hyperpigmentation following viral exanthem. It can be epidermal or dermal. The epidermal pigment group has increased epidermal basal pigmentation. The dermal pigment group has marked pigmentation within the upper dermis and decreased epidermal pigmentation. More intense perivascular lymphocytic infiltration is observed in the dermal pigment group [9]. Exanthem is the term given to a widespread rash that is usually accompanied by systemic symptoms such as fever, malaise and headache. It is usually caused by an infectious condition such as a virus, and represents either a reaction to a toxin produced by the organism, damage to the skin by the organism, or an immune response [10].

Case 6

12-year patient presented with complaints of asymptomatic tan spot with multiple smaller brown spots on the right side of face since birth.

Histopathology indicated Nevus Spilus. These lesions are composed of a lentiginous elongation and hyperpigmentation of rete ridges with an increase in melanocytes. Often a nesting of nevus cells occurs within the lesion [11].

It is also known as speckled lentiginous nevus (SLN), is a relatively common cutaneous lesion that is characterized by multiple pigmented macules or papules within a pigmented patch, corresponding to junctional or compound nevi over a background of café-au-lait macule (CALM). It may be congenital or acquired. Treatment with multiple sessions of Q switched Nd: YAG laser reduces the appearance of the lesion [11].

Conclusion

Hyperpigmentation is a major cause concern in all patients. A look into the associations can help to narrow out the differentials. Proper diagnosis underlying pathology, satisfactory treatment, and efficient counselling regarding the genetic/ non-genetic nature of the condition facilitates proper management and can ease out patient's distress to a great extent.

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