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DERMOSCOPY IN CLINICAL PRACTICE
SIG DERMOSCOPY (IADV L ACADEMY)
(ACAD DISCUSSION 2022)

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SESSION: 1

Dr Balachandra Ankad

Case 1



Single

Since 1 year

Recurrent

Intensely

itchy

Dermoscopy



White scale★

Brown

pigmentation



Dermoscopy



White scale ☆

Brown ○

pigmentation ○

Red dots in clusters □

White area

Diagnosis

Chronic eczema

Case 2



Single

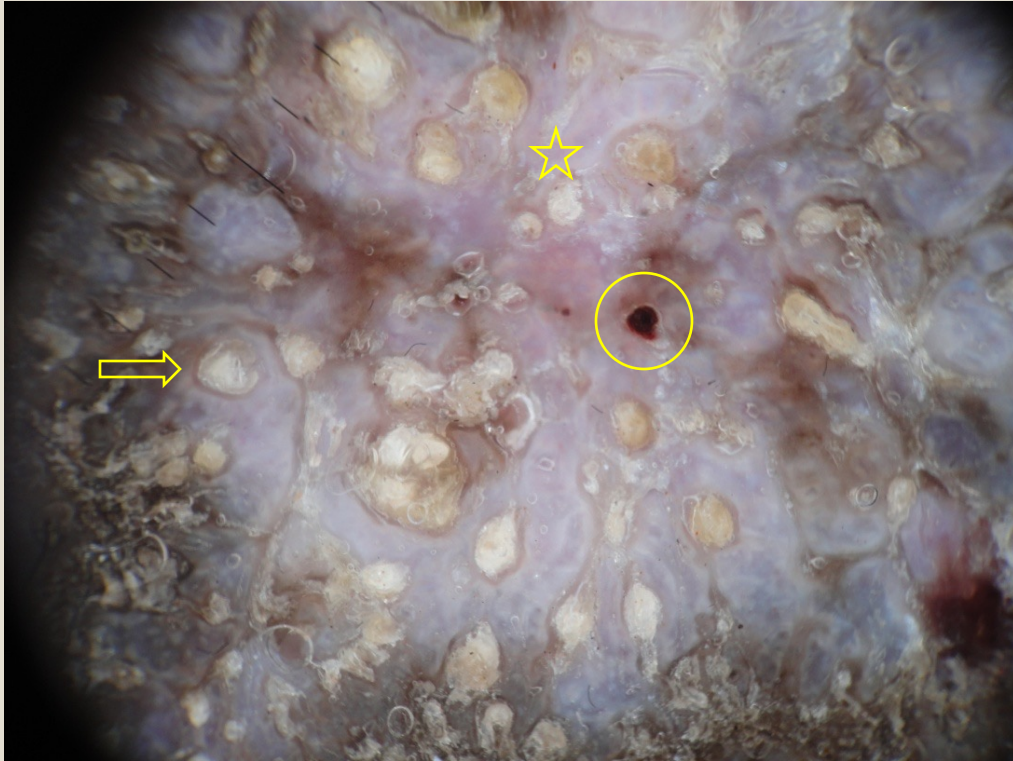
Since 1 year

Recurrent

Intensely

itchy

Dermoscopy



Wickham striae ☆

Comedo-like openings →

Red globules ○

Bluish hue in the
background

Diagnosis

**Hypertrophic lichen
planus**

Case 3



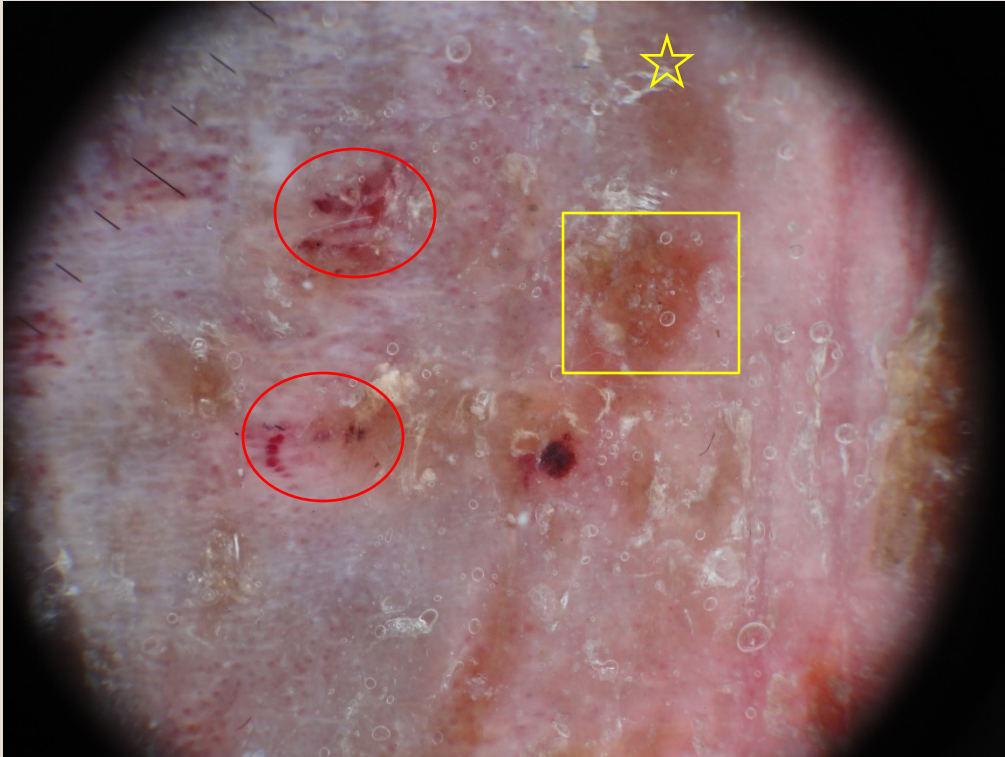
Multiple

Since 9 months

Recurrent

Intensely itchy

Dermoscopy

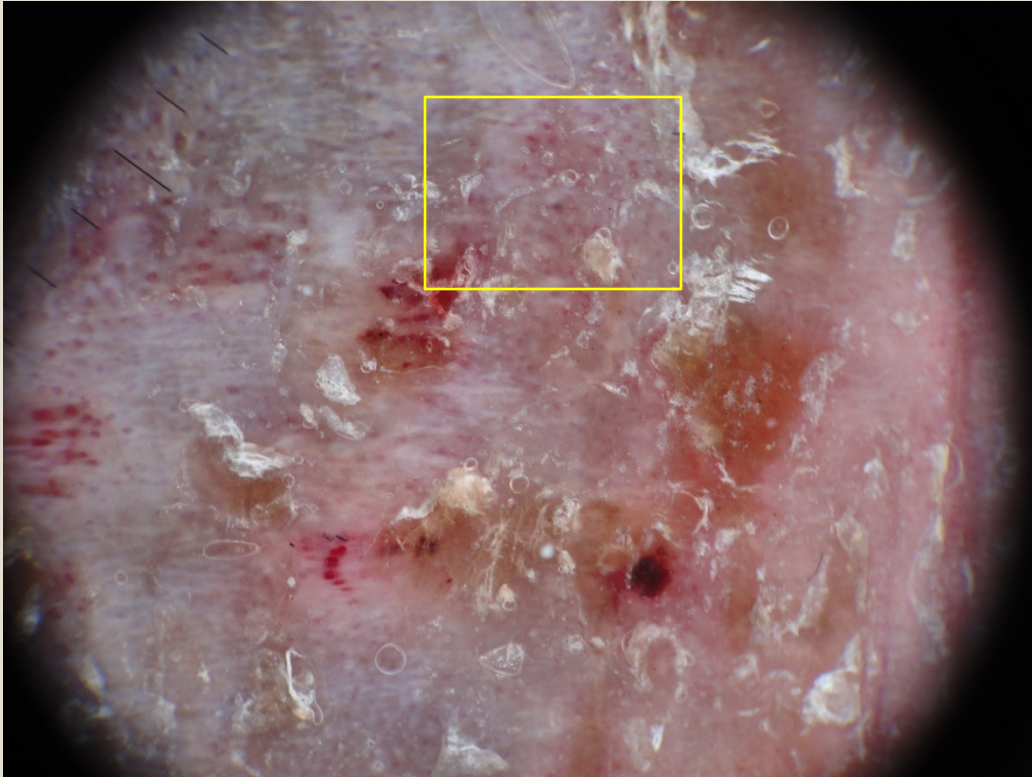


White scale ☆

Brown-yellow crust
(yellow clod sign)

Red dots in clusters ○

Dermoscopy



Brown-yellow crust

(yellow clod sign)

Red dots in clusters

White halo around red

dots- psoriasiform

hyperplasia



Diagnosis

**Nummular (subacute
stage) Eczema**

Case 4



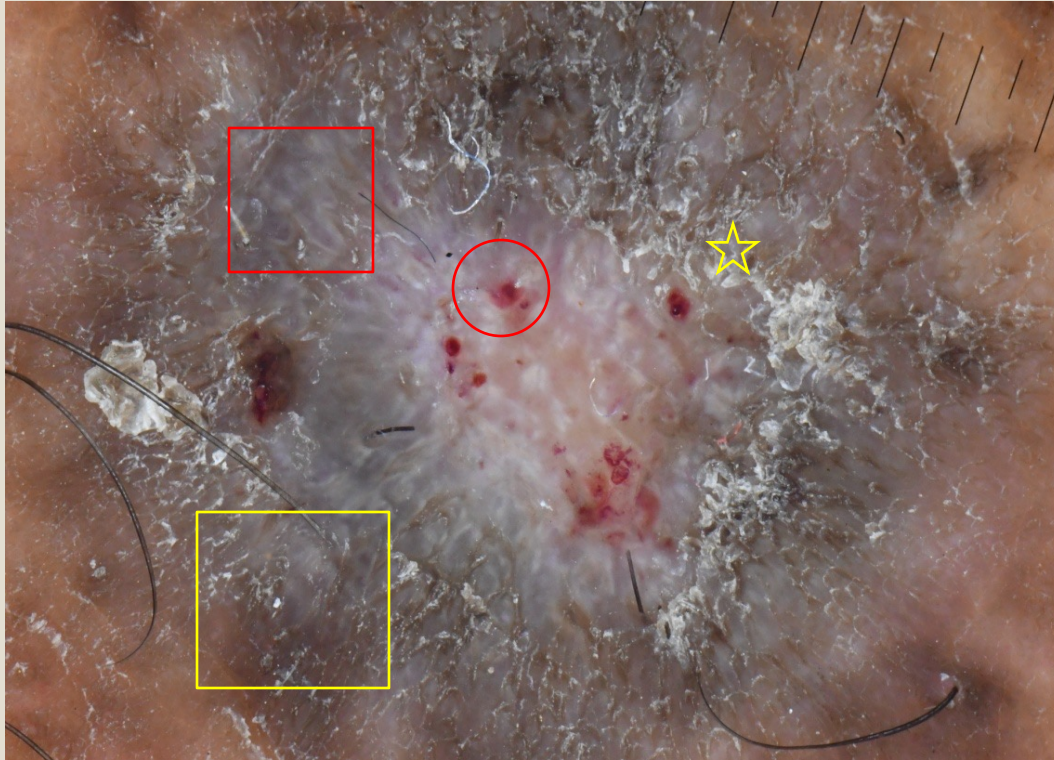
Multiple

Since 2 years

Recurrent

Intensely itchy

Dermoscopy



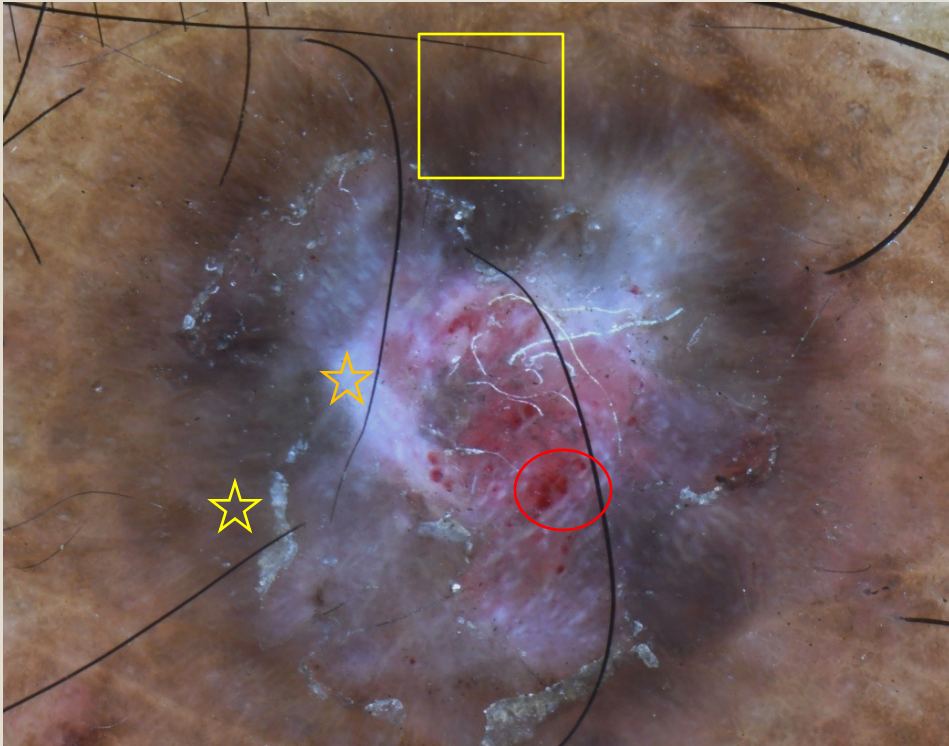
White scale ☆

Brown striations □

Red dots/ globules ○

White-grey area □

Dermoscopy



White scale ☆

Brown striations □

Red dots/ globules ○

White area ☆

Diagnosis

Prurigo Nodularis



SESSION: 2

Dr Aseem Sharma

Case 1

- A 28 year old male presented to us at LTMG Hospital with a few lesions of a year's duration. I am deliberately withholding the clinical presentation to avoid any inadvertent clues. Please see the clinical images for Case 1 below.



- Pale red background
- Pinkish yellow structureless areas
- Linear vessels (10 o'clock to 2 o'clock and through the nodule) - few reticular
- Few red dots and clods and blotches
- Ulceration with haemorrhage and a yellowish crust
- White streaks throughout the lesion

◦ DIAGNOSIS-ALHE



◦ Case 2

32/F; conchal and retroauricular Lesions since 3 years, slight increase over the past 3 months - otherwise asymptomatic.



- Red dots clods
- Orthogonal white lines forming a pattern
- Pink background
- Yellowish white structureless out of focus areas



- DIAGNOSIS-ALHE



SESSION: 3

Dr Biswanath Behara

32-year-old woman with six months history
of an asymptomatic lesion (Skin phototype
V)

CASE 1

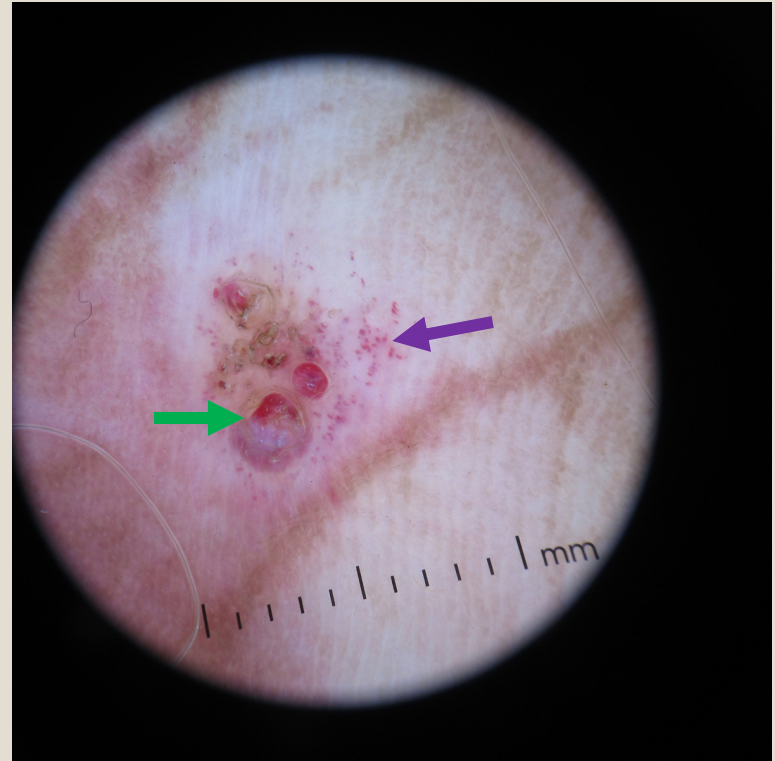


Differential diagnoses considered

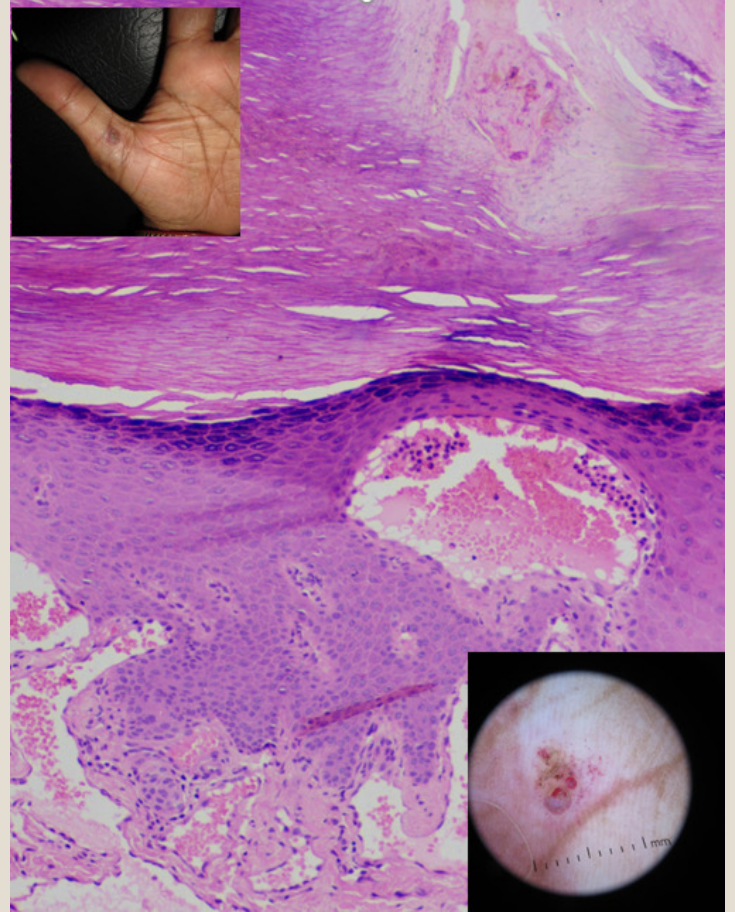
- Verruca
- Bowen's disease (Nonpigmented)
- Keratoacanthoma/SCC

Dermoscopic features

1. Red lacuna (Green arrow)
2. Red globules (Purple arrow)



Diagnosis: Angiokeratoma



- Dermoscopic clue: Presence of **red lacunae and globules** which points towards vascular nature of the lesion
- Vascular tumor presenting as a keratotic papule clinically and lacunae dermoscopically points towards the diagnosis of **angiokeratoma (AK)**
- Red lacunae: correspond to the upper dermal grossly dilated and congested vessels
- Note: rarely, verrucous hemangioma needs to be ruled out which needs pathological examination to demonstrate vascular proliferation in the deep dermis and subcutis

- 54-year-old female with skin phototype IV presented with six months history of a variable itchy skin lesion over the lower abdomen

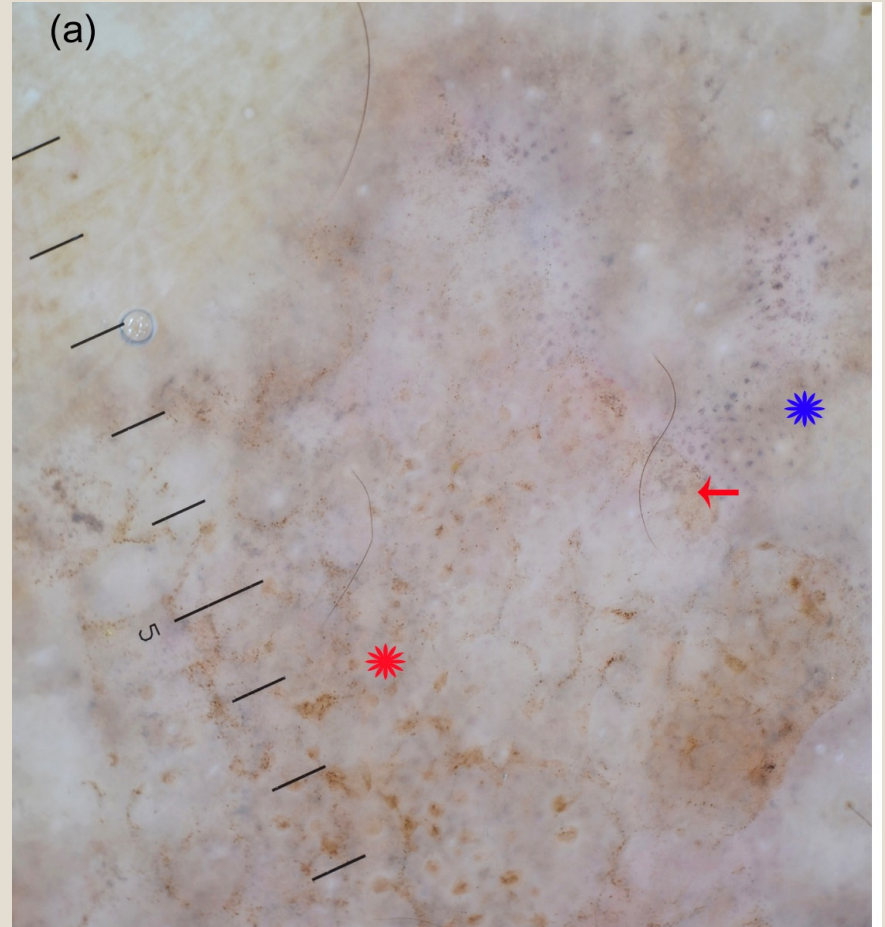
CASE 2



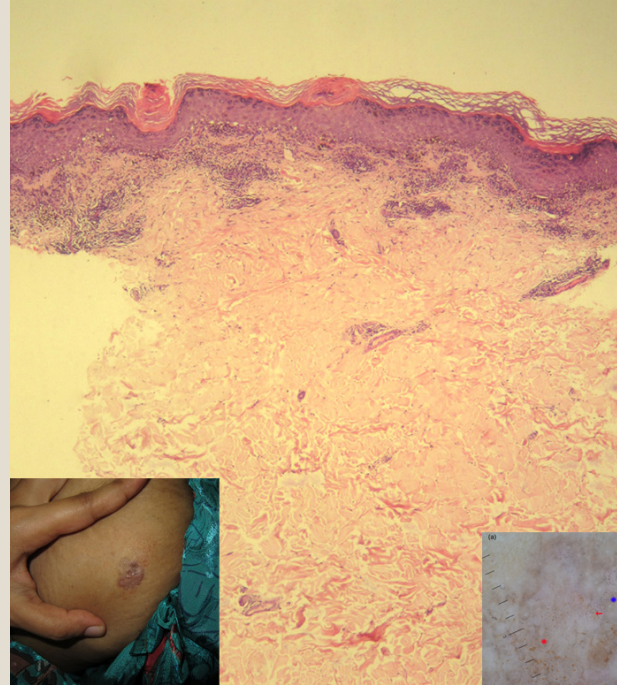
Differential diagnoses considered

- Sarcoidosis
- Lupus vulgaris
- Plaque-type granuloma annulare
- Bowen's disease (Nonpigmented)

1. Brown dots (red Asterix)
2. Blue-gray fine (red arrow) peppering
3. Blue-gray coarse peppering (blue Asterix)
4. Homogenous white to gray areas/background



Diagnosis: Lichen planus-like keratosis (Nonpigmented)



- Dermoscopic clue: Blue-gray fine and coarse **peppering**
- Among lesions with peppering (n = 76; 63 lichen planus-like keratoses and 13 non-lichen planus-like keratoses), coarse ± fine peppering (73% vs 38.5%, P = 0.02) and peppering as the only feature (34.9% vs 0%, P = 0.01) were associated with lichen planus-like keratoses

A 52-year-old male with one year history of asymptomatic lesion (Skin type V)

CASE 3



Differential diagnoses considered

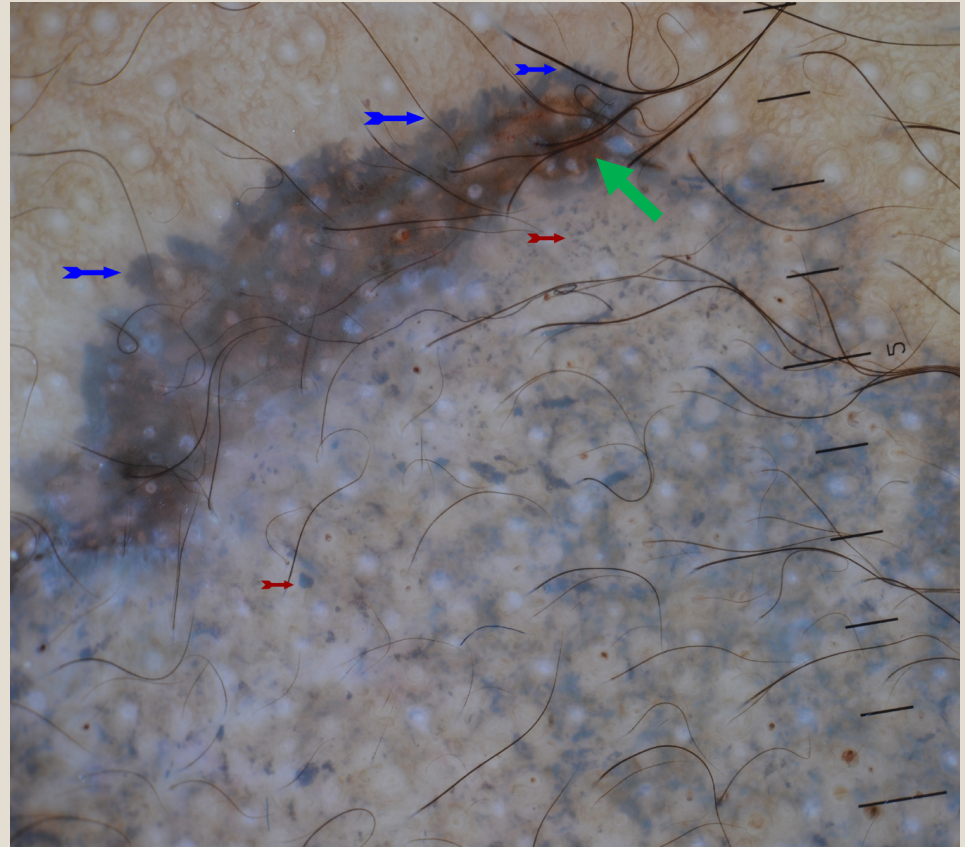
- Flat seborrheic keratosis
- LPLK (Lichen planus-like keratosis)-Pigmented
- Bowen's disease (pigmented)

1. Leaf-like areas (Blue arrow)

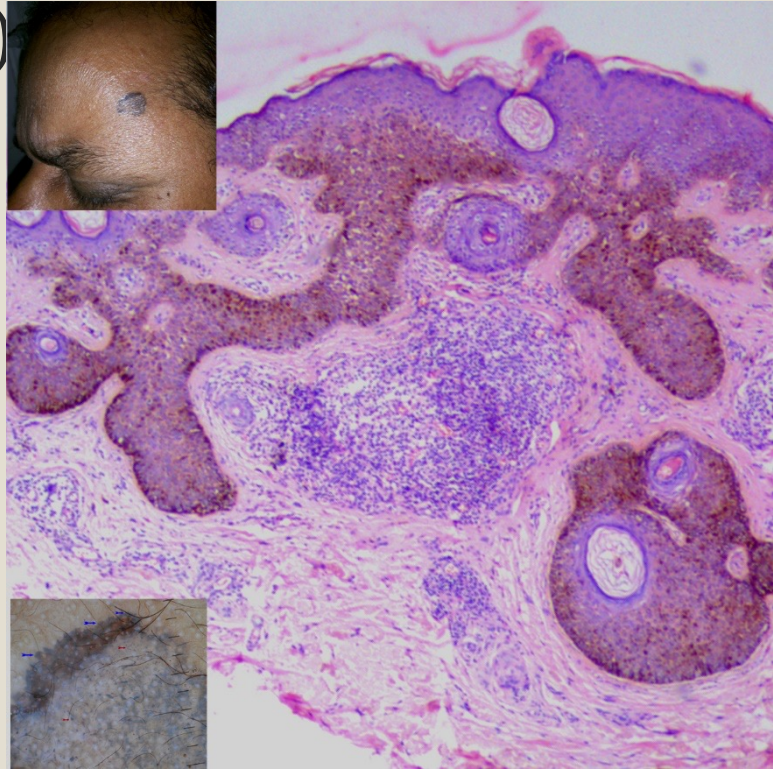
2. Blue-gray fine and coarse
peppering (Red arrows)

3. Jelly sign (Green arrow)

4. Homogenous white
area/background



Diagnosis: Seborrheic keratosis regressing
as LPLK (pigmented)



- Dermoscopic clue to the diagnosis of LPLK: Blue-gray fine and coarse **Peppering**
- Dermoscopic clue for the diagnosis of SK: **Jelly sign**
- The proliferation of pigmented keratinocytes in a lobular pattern corresponds to the leaf-like areas

52-year-old with three months history

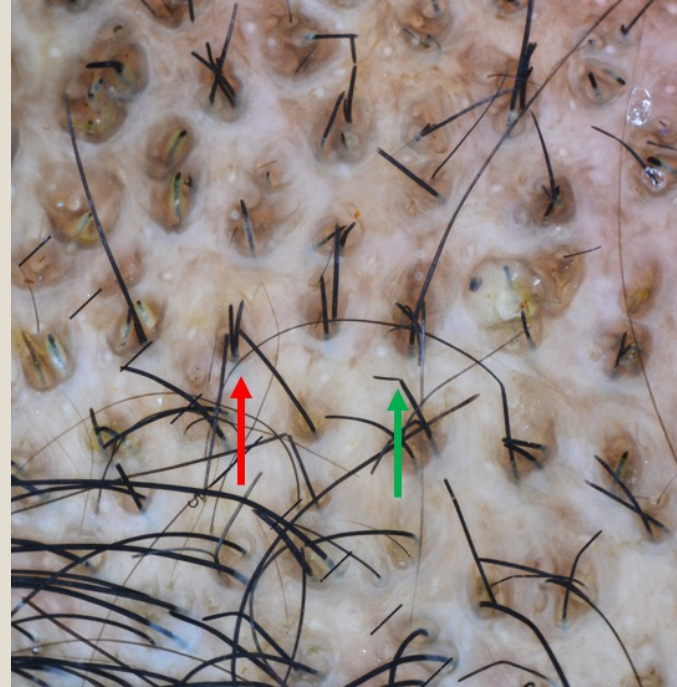
CASE 4



Differential diagnoses considered

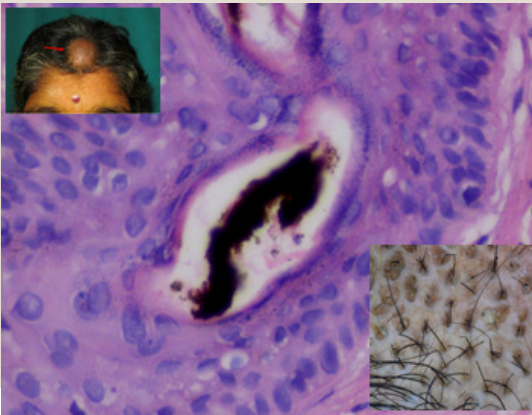
- Alopecia areata
- Trichotillomania (Due to surface changes)

1. V sign (Red arrow)
2. Broken hairs
3. Different length of broken hairs
4. Black dots
5. Check mark hair (Green arrow)



Diagnosis: Trichotillomania

- Dermoscopic clue: **V sign, broken hairs with different length**
- Alopecia areata is ruled out due to the absence of coudability hairs, exclamation hairs, short vellus hair and pigtail hair





SESSION: 4

Dr Debjit Kar

Case 1

- 40 year old man presented with these lesions
- Post auricular area and neck
- Complained of occasional itching



- Case 1 : Atrophic LP
- Hyperkeratotic LP was also a differential.
- But , Lichen Planus like Keratoses was also kept as a d/d.
- But the hyperkeratosis hyperpigmented centre was actually a scab because of itching.
- Additionally similar lesions in other areas ,in addition to dermoscopy also pointed towards Atrophic LP

- Case :Atrophic LP
- Background: White/cream structureless area
- Peripheral rim has radial streaming ray like :Wickhams striae
- Blue Black dots in the centre



- Case 2
- 14 year old female
- Duration: > 2months
- Presented with these asymptomatic
- lesions on arm and forearm

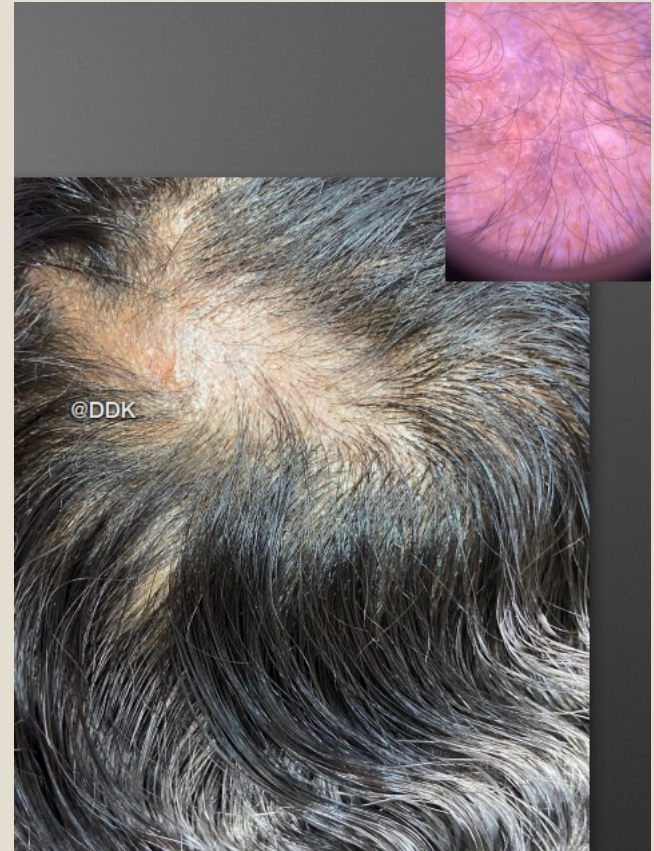


- Dermoscopy: White well circumscribed circular area
- • Indistinct brown shadow seen in these white circles (represent the inflammatory infiltrate enveloped by acanthotic rete ridges)
- Diagnosis: LICHEN NITIDUS

◦ Case 3

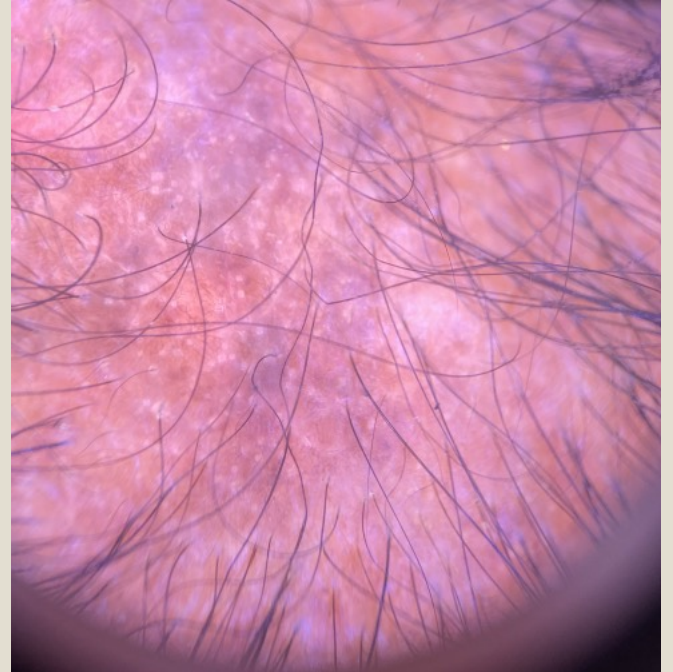
15 year old girl

- H/O: > 3 months
- Ill defined area of partial loss of hair
- Decrease in calibre /diameter of few hairs in the patch

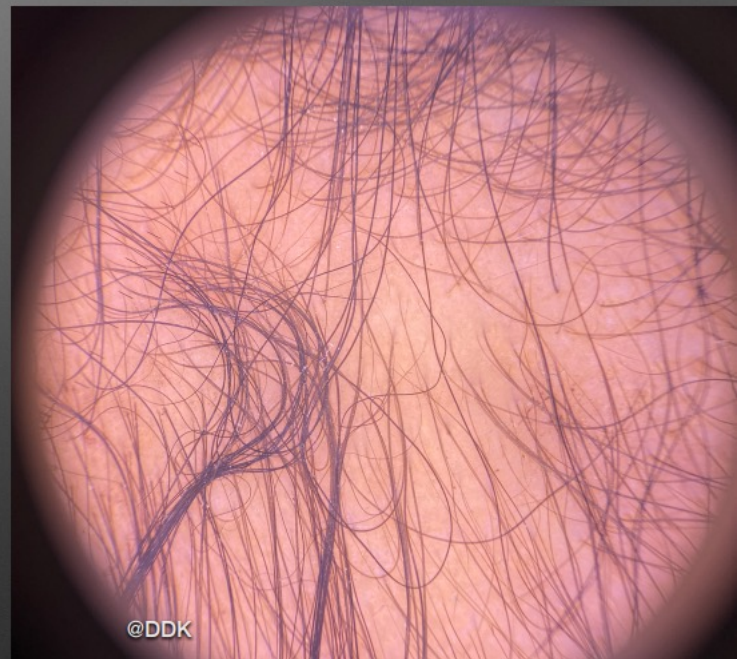


DIAGNOSIS: LICHEN PLANOPILARIS

- Background : Bluish /violaceous hue
- White structureless area
- Loss of follicular ostia/empty follicles
- Few hairs with perifollicular scaling
- Decrease in diameter of hair shaft
- Early : atrophy not fully set in to be visible
- clinically /dermoscopy findings yet to fully develop

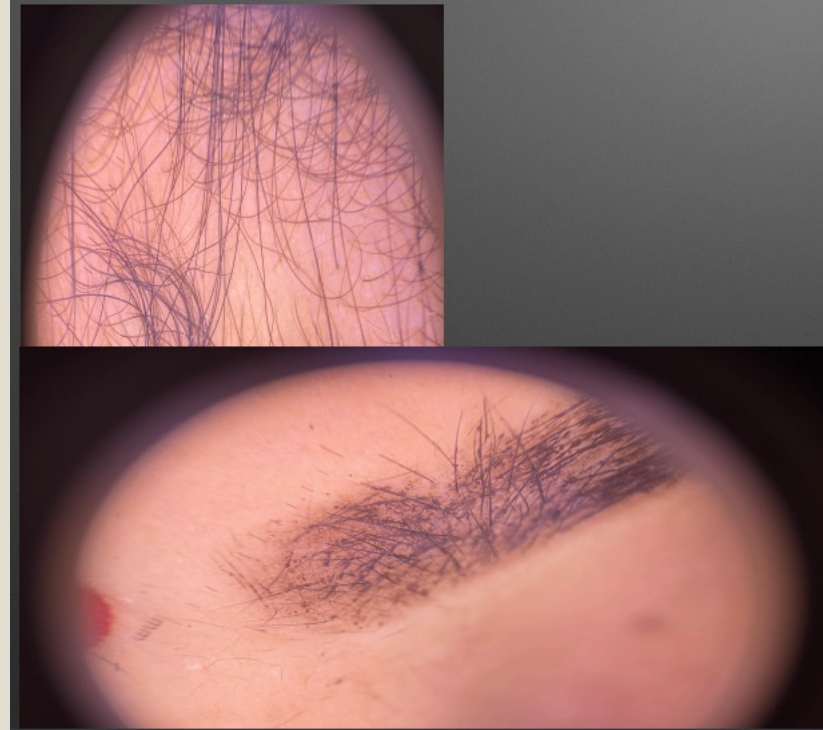


◦ Case 4

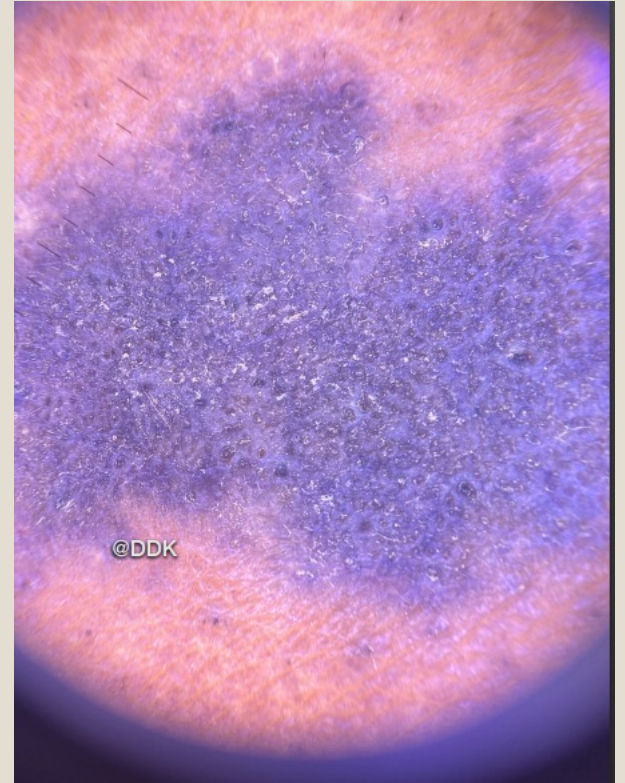


Diagnosis: Frontal Fibrosing Alopecia

- Clinically : Ill defined hyper pigmented patch on forehead , PIH (most likely not related to the condition)
- Decreased hair density in frontal area
- Dermoscopy: Eyebrow: Loss of hairs , camouflaged by eyeliner
- Scalp: decrease in follicular openings
- Decrease diameter of hair shaft
- Absence of yellow dots



- Case 5
- Here it's a relatively simple case so we will go the other way round.



Diagnosis: Lichen Planus Hypertrophicus

- Clinically : Hypertrophic well defined hyper pigmented plaque
- Dermoscopy:
 - Background: Purplish or violaceous hue
 - Interspersed across entire field by blue black dots
 - Comedone like openings

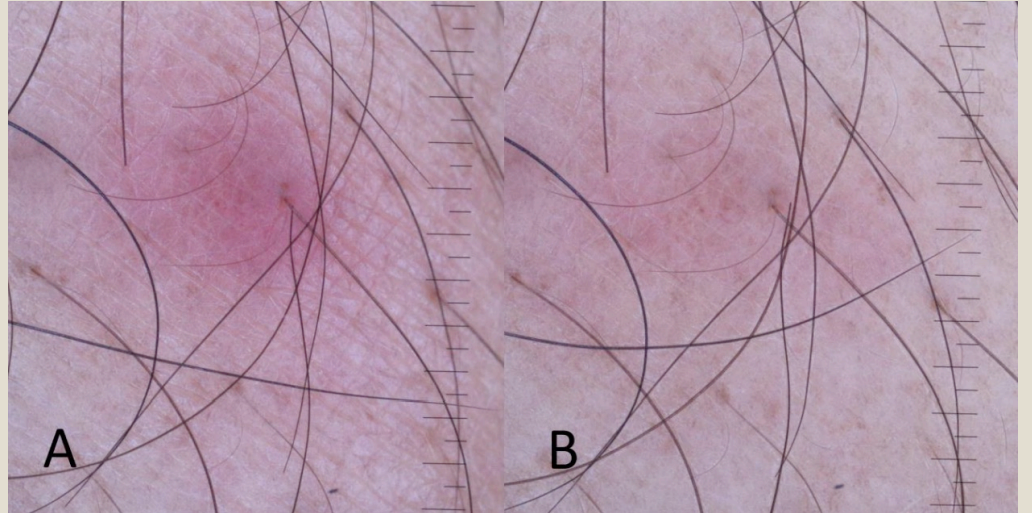




SESSION 5

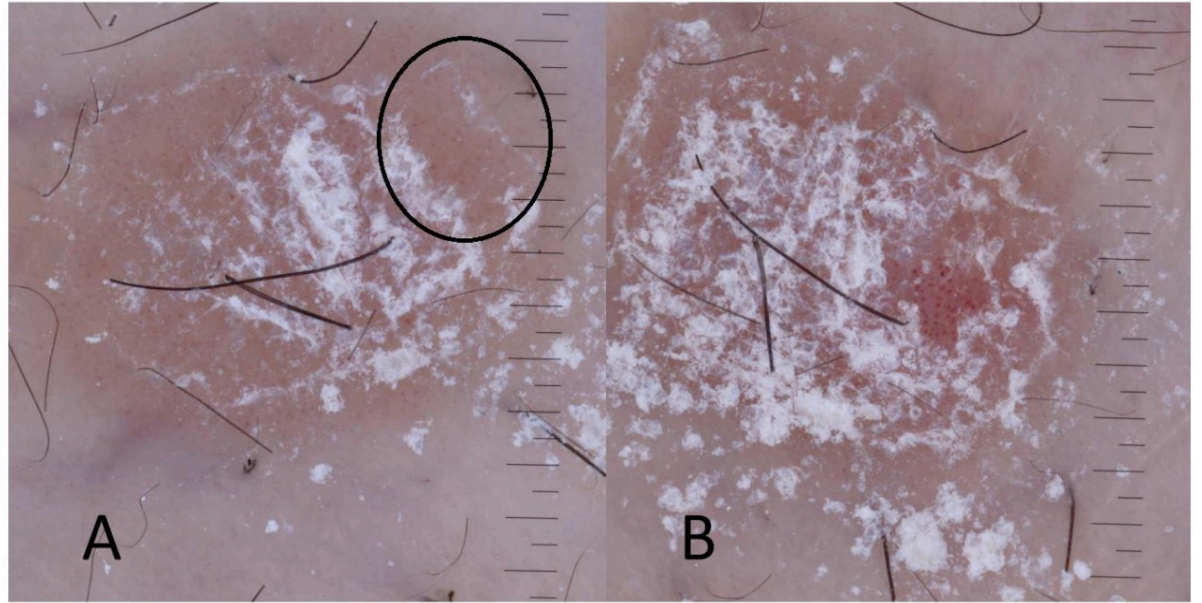
Dr Feroze Kaliyadan

Case 1



- The general concept is that Polarized dermoscopy is better at showing some aspects like dermal vessels, pink/red colours, and white shiny structures.
- The pressure on the face-plate , when using in polarized mode can however affect the vascular patterns. Ideally the face-plat should be removed for polarized images. Alternatively visualize with and without applying pressure.

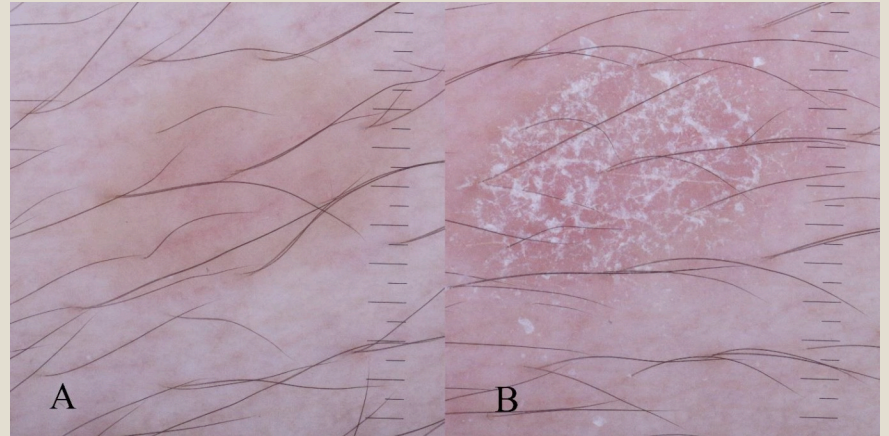
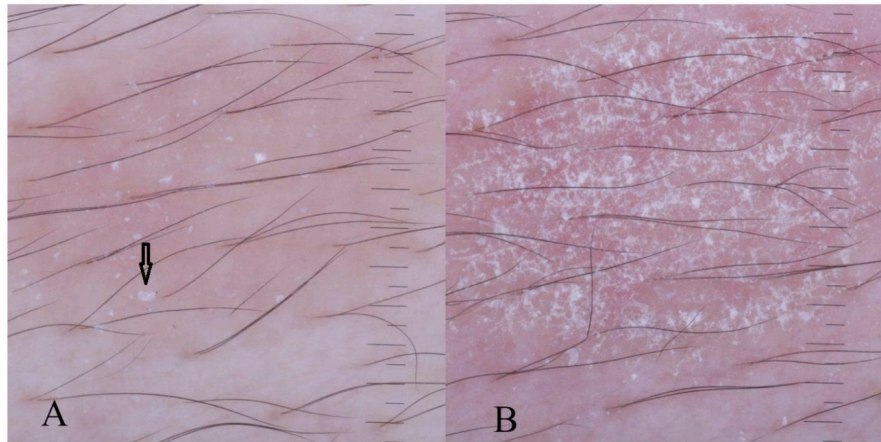
Case 2



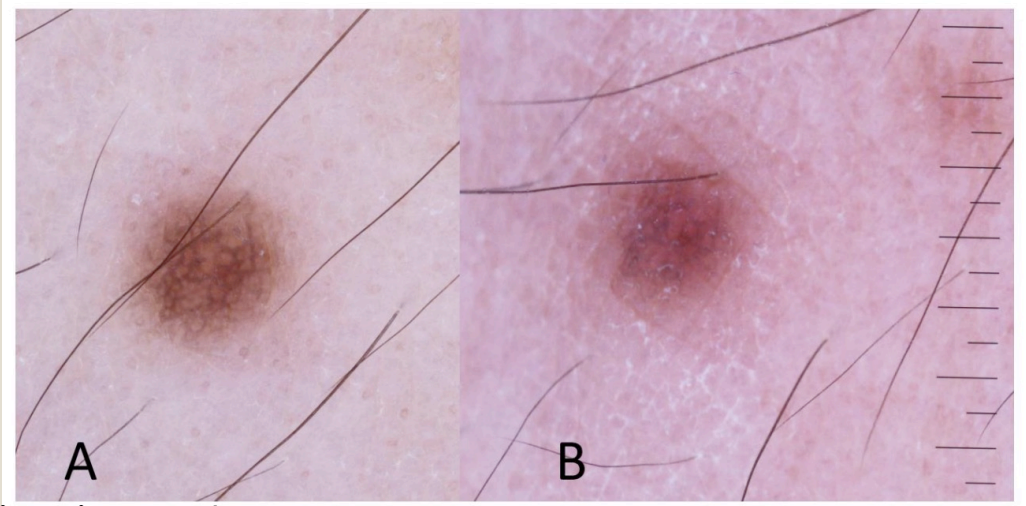
- While the dotted vessels typical of psoriasis can be seen in the area marked by the black circle.
- A gentle scraping of the scales will show the pattern more clearly and an extension of the same will demonstrate the dermoscopic Auspitz sign as shown in image B.
- The advantage is that you don't need to really cause too much of a trauma as you would in a normal Auspitz

Case 3

- Fine scattered scales, more prominent over skin creases is typical seen in pityriasis versicolor (figure A, black arrow).
- The scaling can be accentuated by a gentle scraping with a glass slide. Illustrating the same with another set of images below with more prominent scaling along the skin creases after scraping (in this lesion the first image shows no scales at all, after scraping the prominent scaling in the skin creases can be seen)



Case 4



- This one is a case of urticaria pigmentosa.
-
- Dermoscopy can be useful in differentiating from other differential diagnosis, with the most common finding being a prominent pigment network (corresponding to the increased basal melanization).
- The image B shows the same lesion after stroking - a positive Darier's sign - the same pigment network becoming less defined, with a background faint pink color and increased skin marking around the lesion.

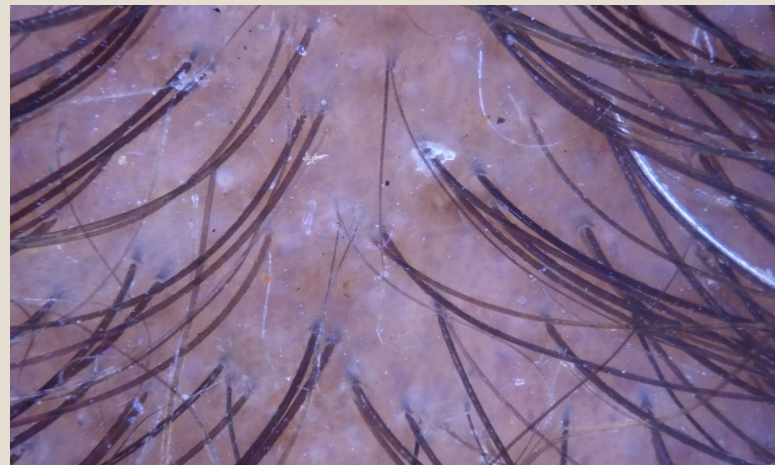


SESSION 6

Dr Nirmal B

Case 1

- A 23-year-old female presented with a history of scalp scaling and itching for 2 years accompanied by loss of hair which was gradual since the time of onset of scalp lesions with increase for 1 month.
- She also gave a history of scaly plaques over both the feet associated with fissuring for 8 years.
- Oral cavity and nails were clinically normal.



Blink sign

- Non-polarized mode: Tubular perifollicular scales seen – disappears in the other mode.
- Polarized mode: Crystalline structures seen in the perifollicular area corresponding to perifollicular fibrosis & Greyish granular structures in the interfollicular area corresponding to pigment in continence into papillary dermis– disappears in the other mode.



SESSION 7

Dr Payal Chauhan

Case 1

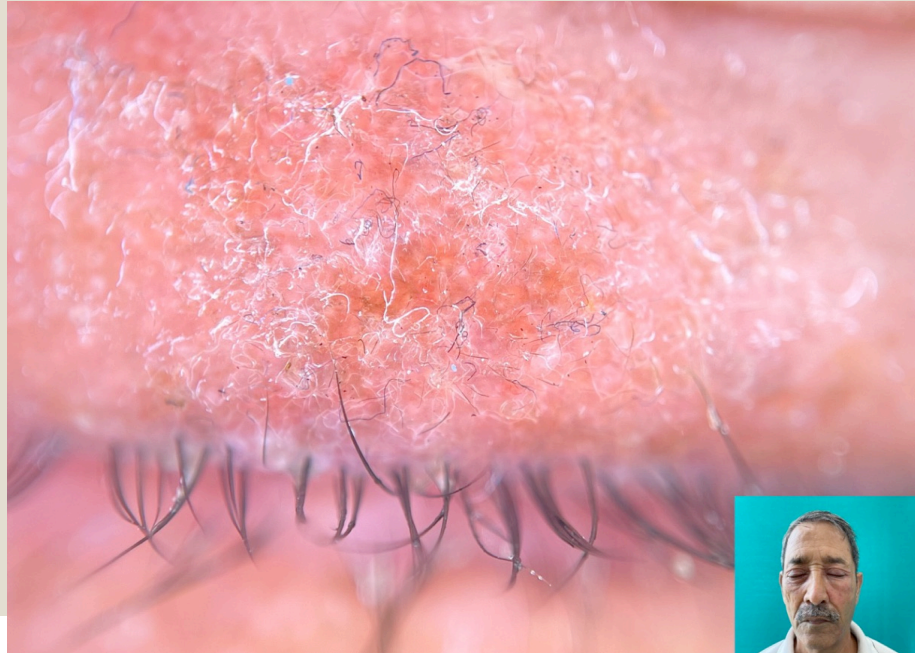
- The patient presented with a short history of 1 week, initially was treated as allergic contact dermatitis to hair dye. Subsequent recurrences upon stopping hair dye led to dermoscopic and laboratory work up.



- Dermoscopy revealed multiple linear, linear curved, linear vessels with branches with an underlying violaceous hue on upper lid margin.
- On laboratory work up, muscle enzymes were raised, ANA was positive.
- A final diagnosis of DERMATOMYOSITIS was made.

Case 2

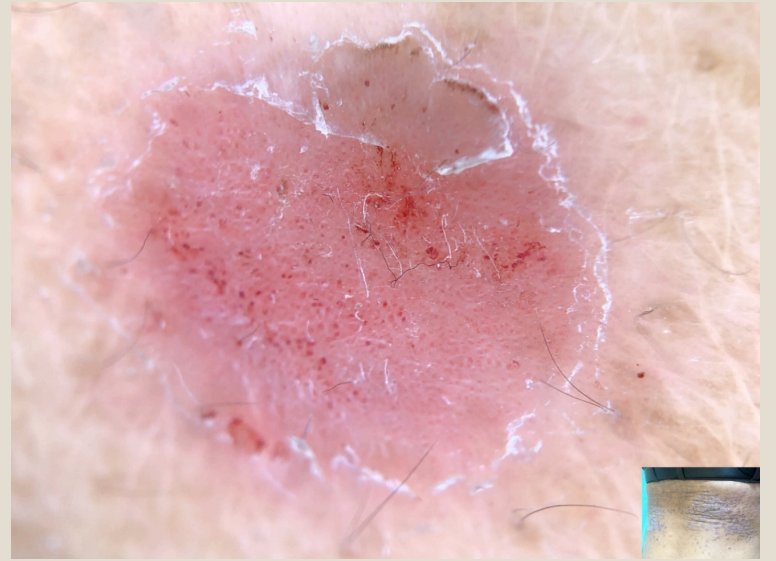
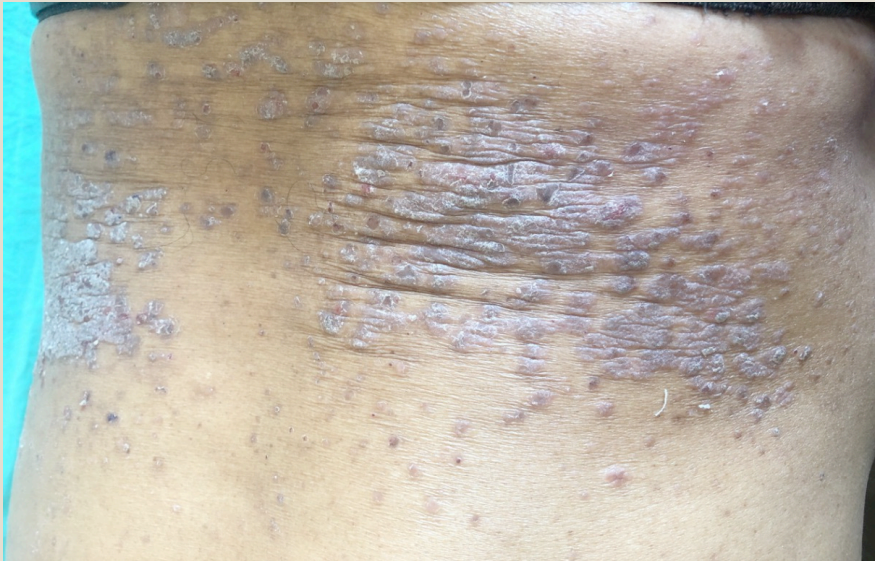
- The patient was referred to us by the Ophthalmology department with complaints of acute onset of the lesions after usage of ophthalmic eye drops (phenyleprine and tropicamide) used for pupillary dilation.



- Dermoscopic examination showing orangish-brown serocrusts and patchy vessels over an erythematous background.
- Adherent fabric (FABRIC FIBRE SIGN) secondary to wet oozy lesions also appreciated.
- Dermoscopic examination helped confirm our diagnosis and ruling out any diseases (as in the previous case).
- A final diagnosis of IRRITANT CONTACT DERMATITIS was rendered.

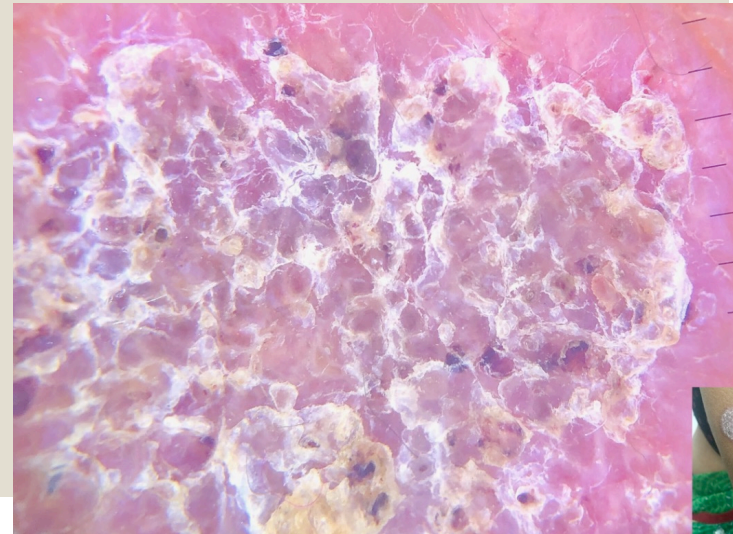
Case 3

- Dermoscopy shows findings typical for PSORIASIS.
- Regular dotted vessels over a pink background with white-grey scales. Need for biopsy was averted.



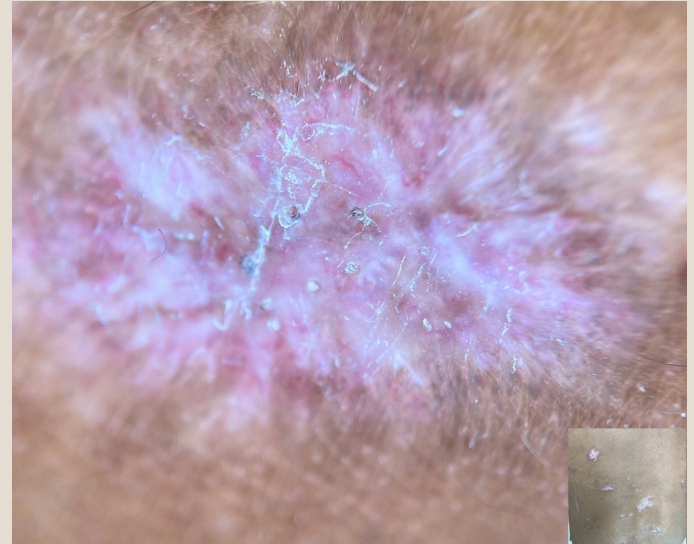
Case 4

- Dermoscopy showing multiple, scattered, reddish black dots, and yellowish orange ovoid structures over pink and white areas, along with scales and crusts.
- Polymorphic vessels were seen surrounding these yellowish orange ovoid areas and Medlar bodies were visualised on KOH examination.
- Diagnosis : CHROMOBLASTOMYCOSIS



Case 5

- Dermoscopy showed dilated follicular plugs, white dots, lines and structureless areas, linear vessels, and specks of brown pigment, along with white scales over an erythematous to violaceous background.
- ANA of the patient was positive with a titre of 1:160.
- Diagnosis: Discoid lupus erythematosus.





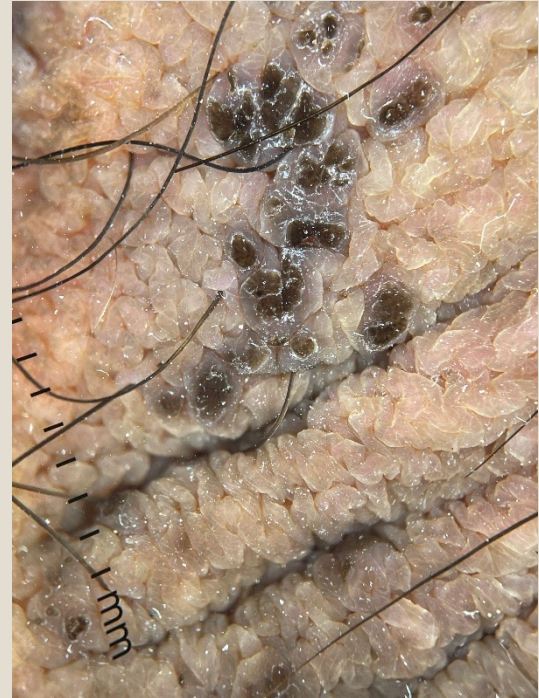
SESSION 8

Dr Priyadarshini Sahu

CASE 1

21 year old male presented with asymptomatic papules on scrotum and penile shaft following the lines of blaschko since 10 years

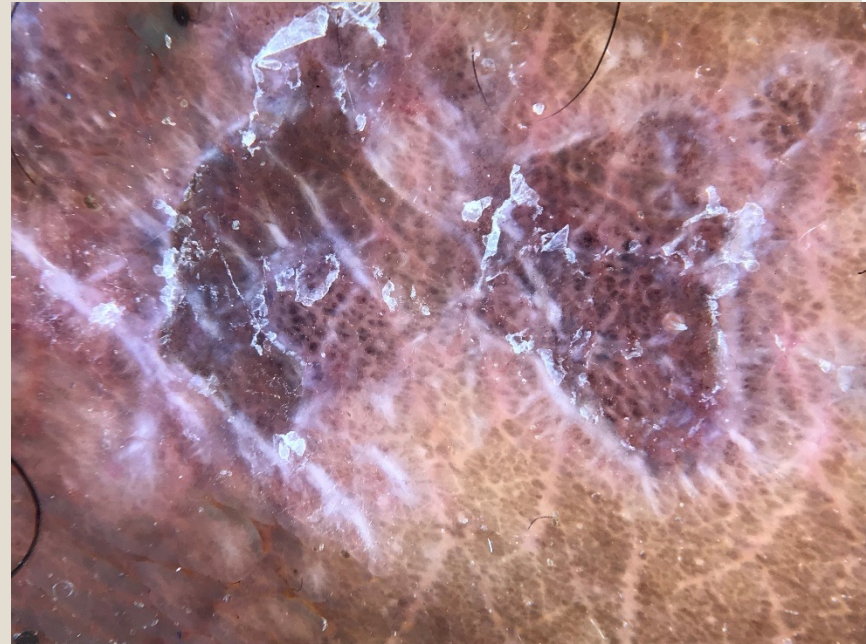
No history of bleeding or itching in the lesions



- Multiple homogenous black to brown area (red arrow)
- Surrounding whitish veil around the homogenous area (Green arrow)
- On biopsy – Epidermis shows hyperkeratosis with slight invagination filled with keratin material. Findings suggestive of **Nevus comedonicus**

CASE 2

30 year old male presented with mildly itchy papules coalescing to form plaque on scrotum and penile shaft since one year



- Wickham's striae
 - Diffuse scaling
 - Pigmented dots and globules
-
- Biopsy was consistent with features of **Lichen planus**

CASE 3

25 year old male presented with multiple papules on scrotum and penile shaft since two year

History of bleeding from the lesions present

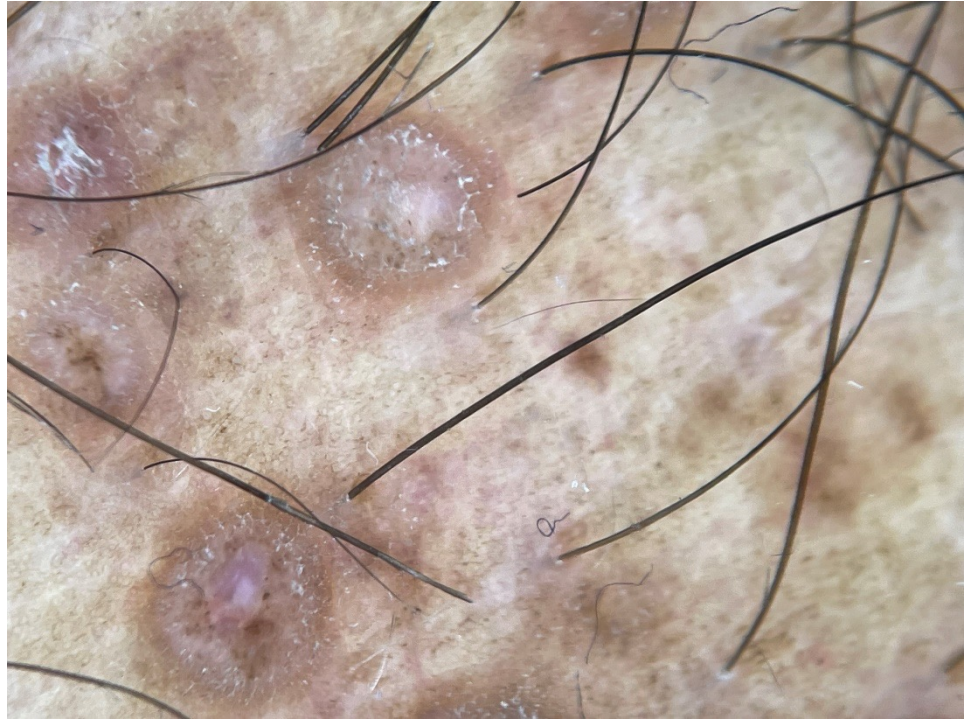


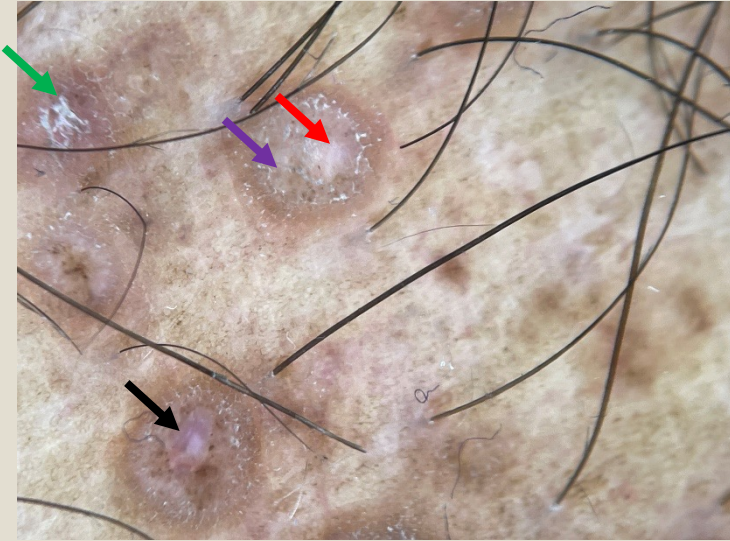
- Multiple dusky-red and dark bluish lacunae (red arrow)
- Surrounding whitish veil around the homogenous area (Green arrow)

ANGIOKERATOMA

CASE 4

55-year-old male patient presented with multiple severely pruritic papules on bilateral limbs since 8-year



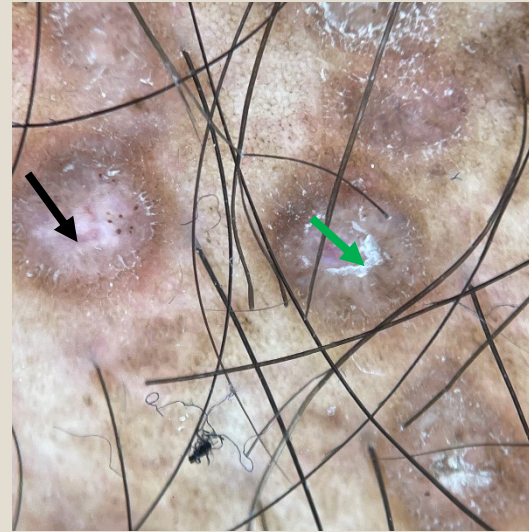


central white hubs (red arrow)

Greyish-brownish dots (purple arrow)

White collarette of scales (Green arrow)

Red globules at the center of white hub (Black arrow)



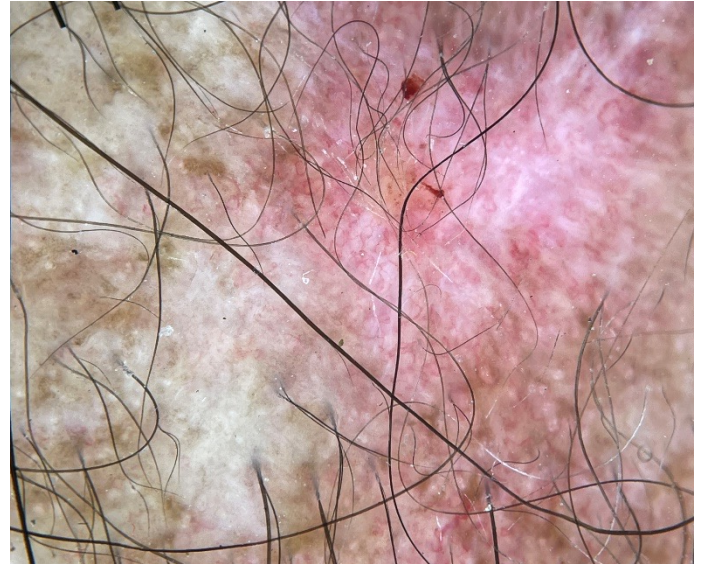
Histopathological examination showing pigment incontinence, and deposits of eosinophilic material in the papillary dermis (hematoxylin & eosin); deposits in the papillary dermis staining positive with Congo red consistent with finding of **Lichen amyloidosis**

CASE 5

Two patches of alopecia present on bilateral temporal area since 3 months

Multiple Erythematous rash present on bilateral arms and face since 6 months

History of joint pain was also present





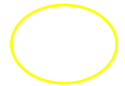
Thin arborizing vessels



White patches →

White rosettes →

Brown scattered pigmentation



Variable diameter of hairs

Biopsy was consistent with
Lupus Erythematosus



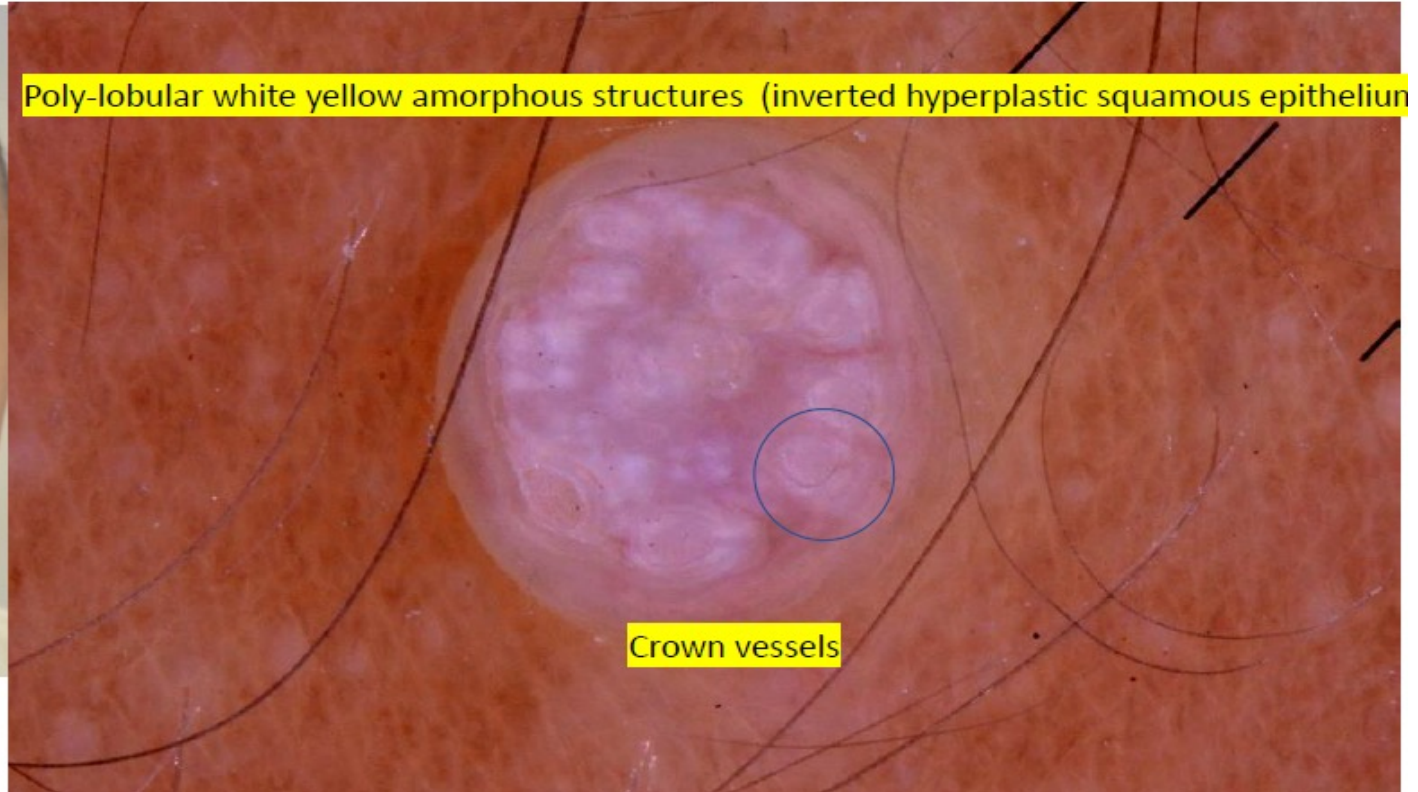
SESSION 9

Dr Shekhar Neema

Case 1

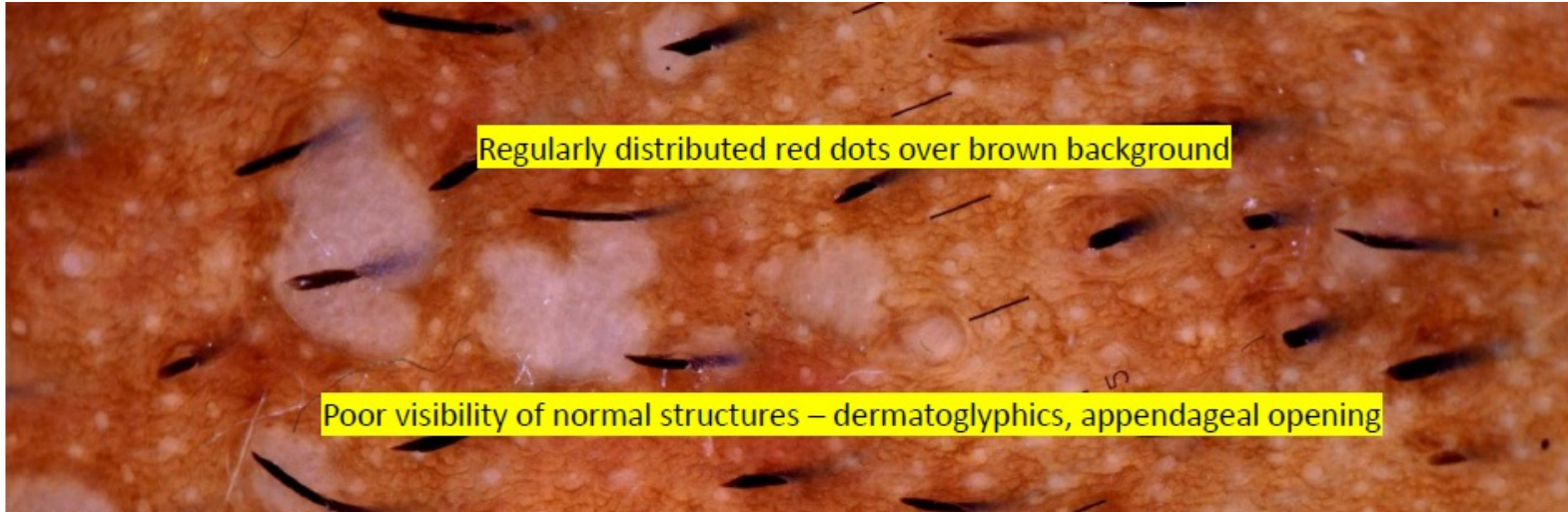


Case 1: Molluscum Contagiosum



Case 2





Regularly distributed red dots over brown background

Poor visibility of normal structures – dermatoglyphics, appendageal opening



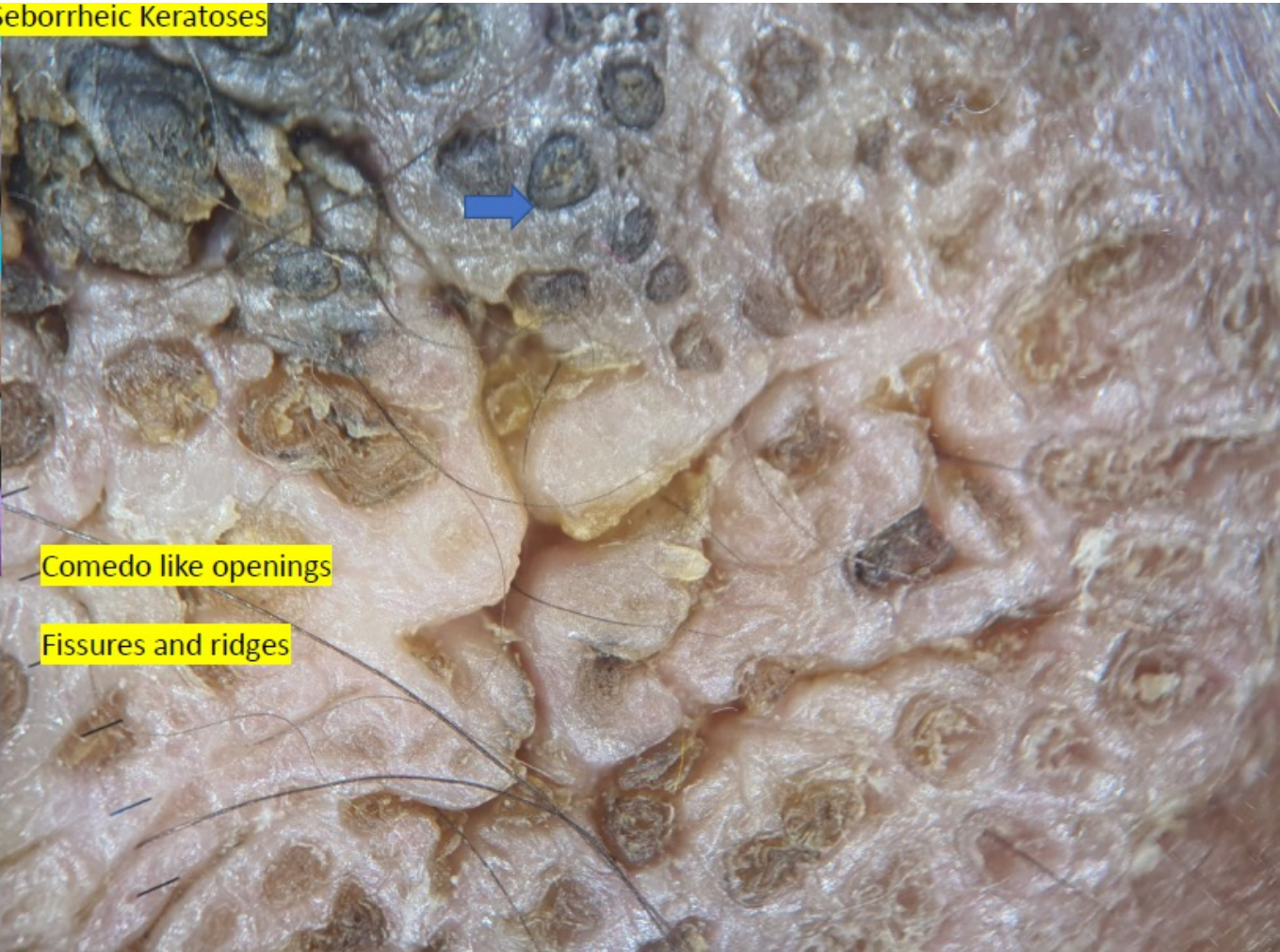
Plane warts



Case 3



Seborrheic Keratoses



Comedo like openings

Fissures and ridges

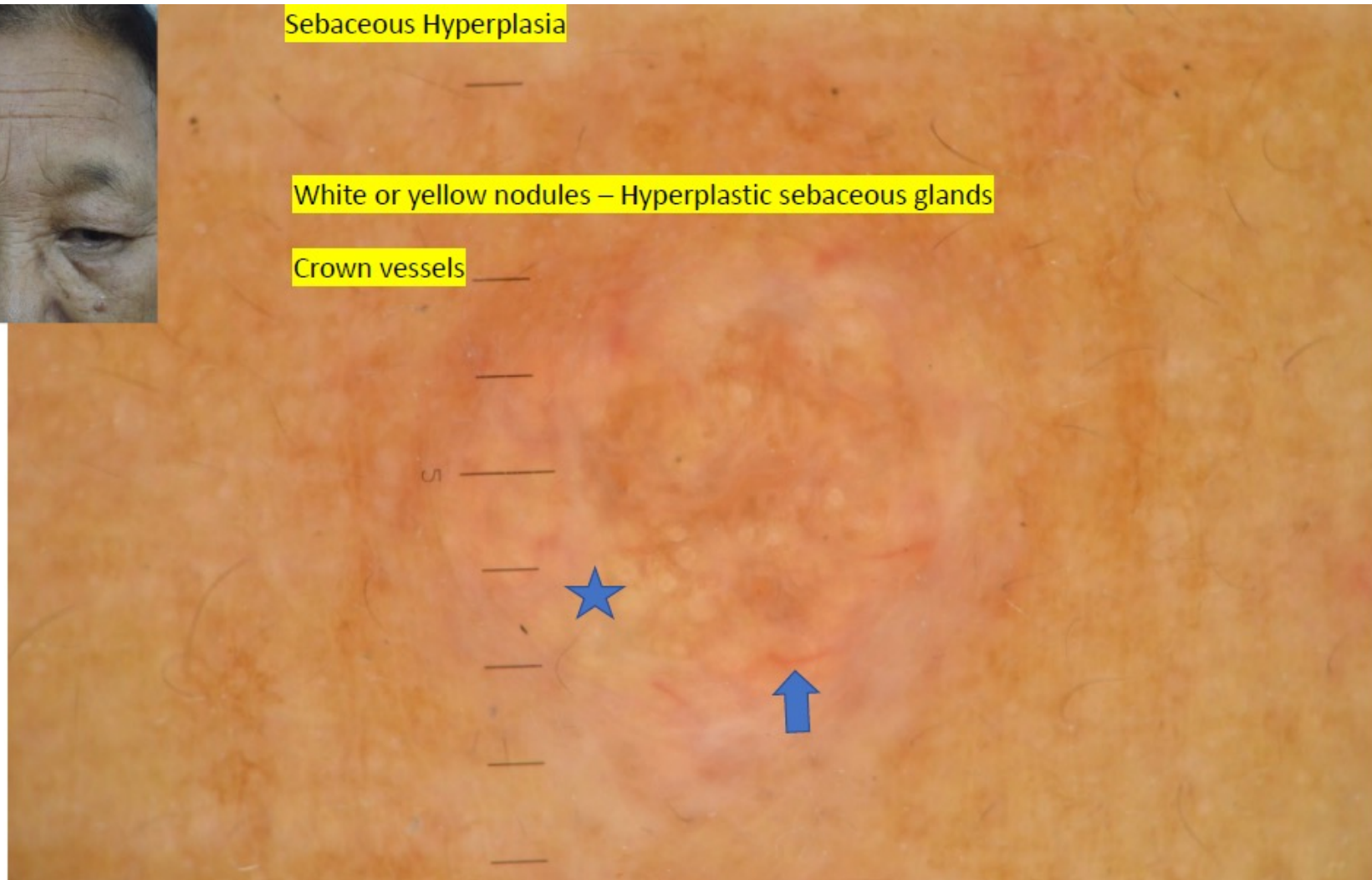
Case 4



Sebaceous Hyperplasia

White or yellow nodules – Hyperplastic sebaceous glands

Crown vessels



Case 5



Syringoma



Brownish Pseudo-network
Tiny white dots – eccrine ducts



Case 6



Trichoepithelioma



White background
Milia-like cyst – keratin cyst
Arborising vessels



Case 7



Angiofibroma



Brown red background
Yellow white dots

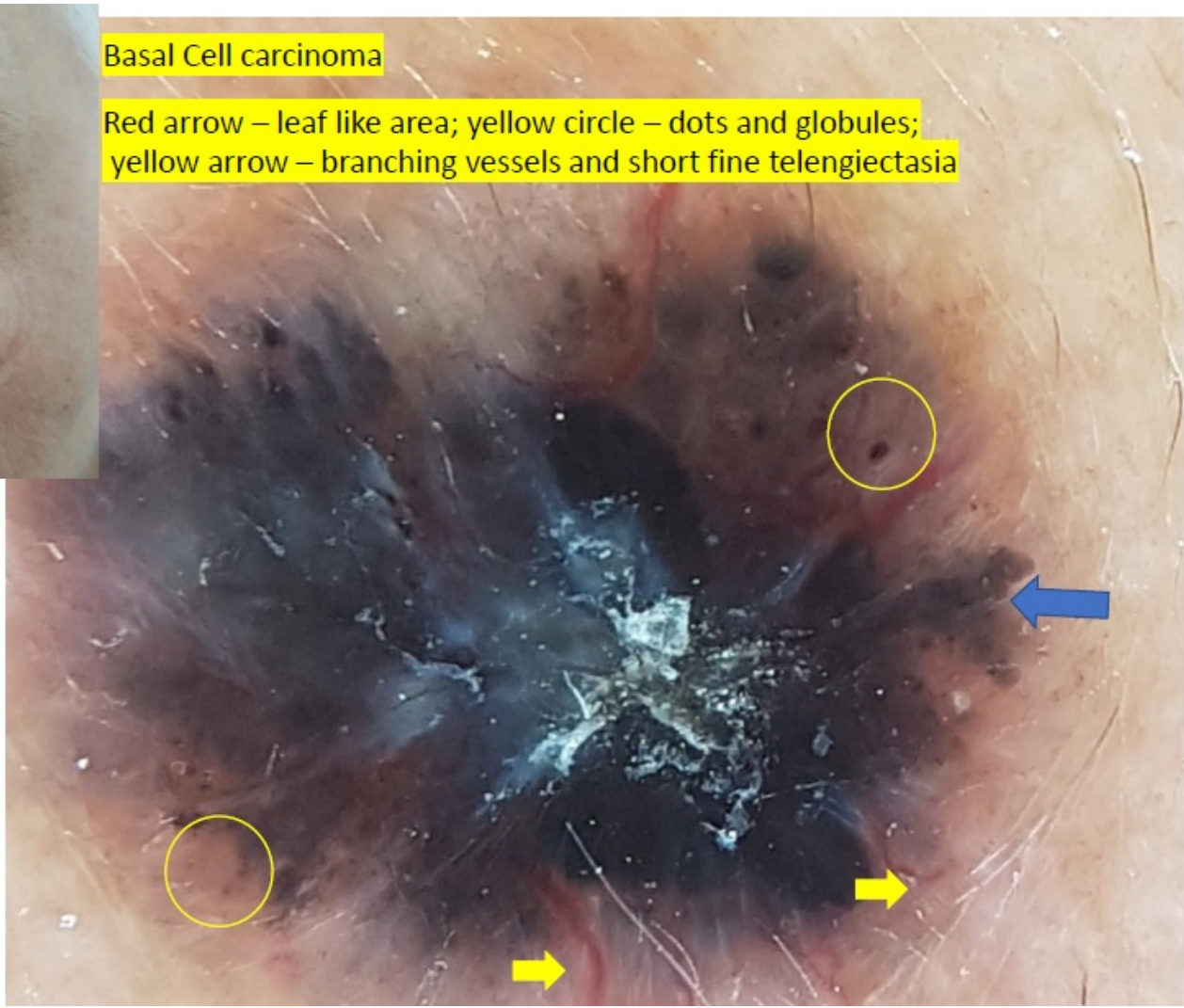
Case 8





Basal Cell carcinoma

Red arrow – leaf like area; yellow circle – dots and globules;
yellow arrow – branching vessels and short fine telangiectasia



Case 9



Dermatofibrosarcoma Protuberans



Blue arrow – Light pink background

Blue star– In focus vessels

Yellow star – Out of focus vessels

Green star – branching vessels

Blue triangle – white structureless area

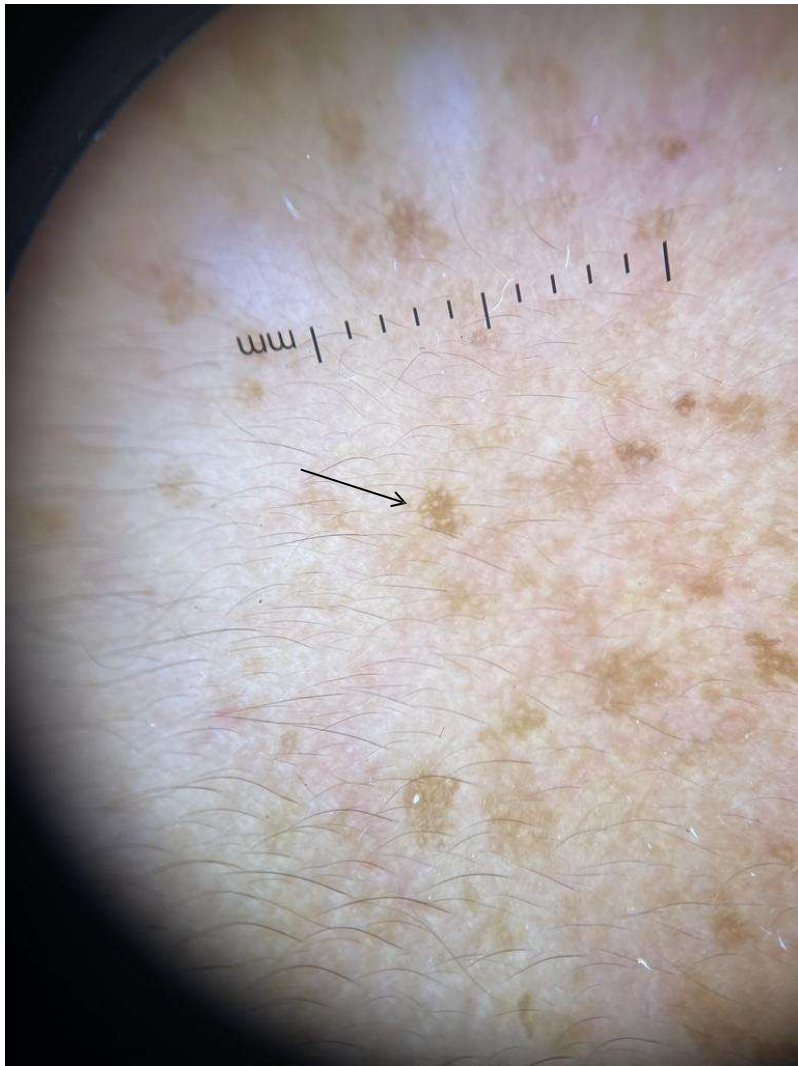


SESSION 10

Dr Shishira R Jartarkar

CASE 1

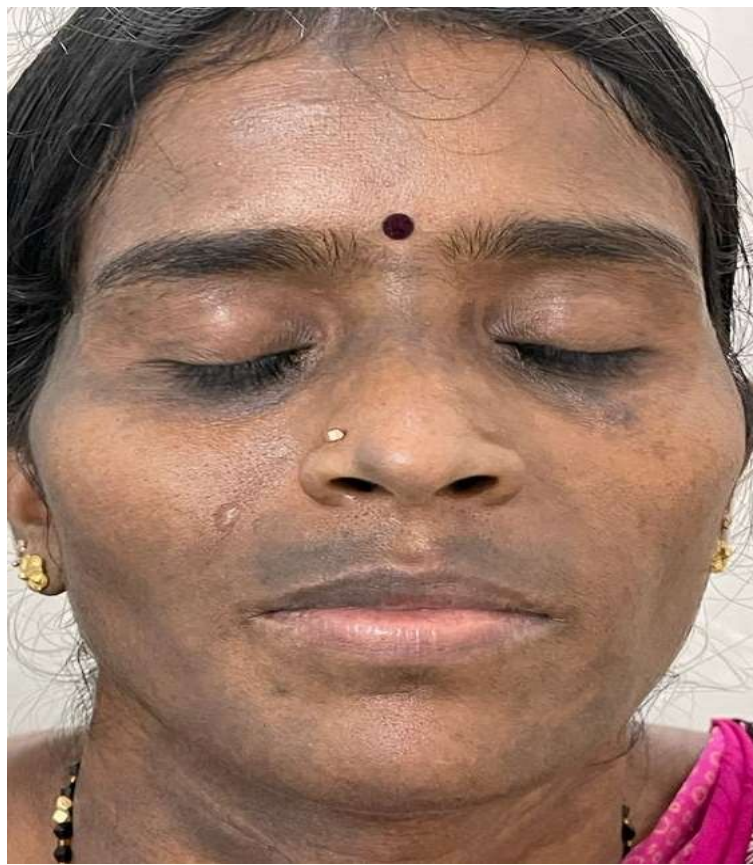




Localized exaggerated
pseudonetwork with
moth-eaten edges at the
border

FRECKLES

CASE 2



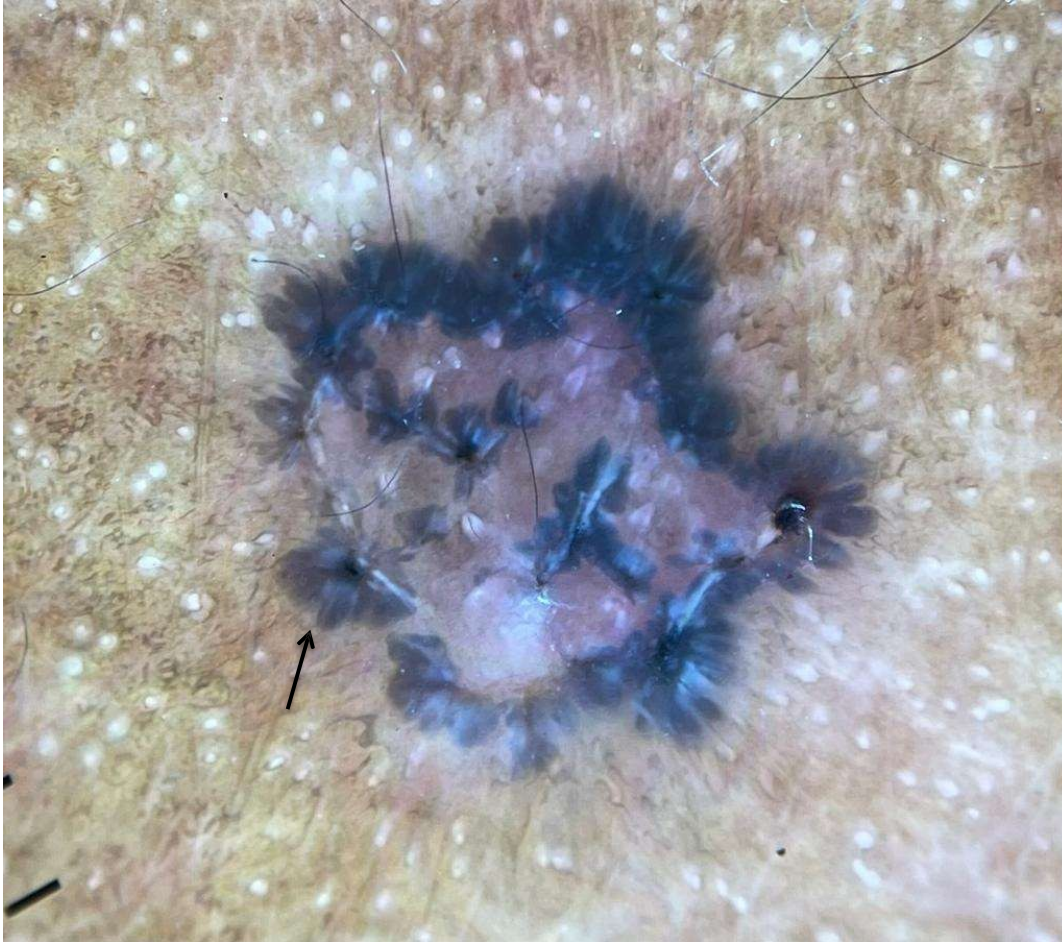


Dark brown – grayish brown dots and globules coalescing to form broken linear structures – hem-like pattern (circle)
Sparing of follicular , eccrine openings with exaggerated pseudo-network (arrow)

LICHEN PLANUS PIGMENTOSUS

CASE 3



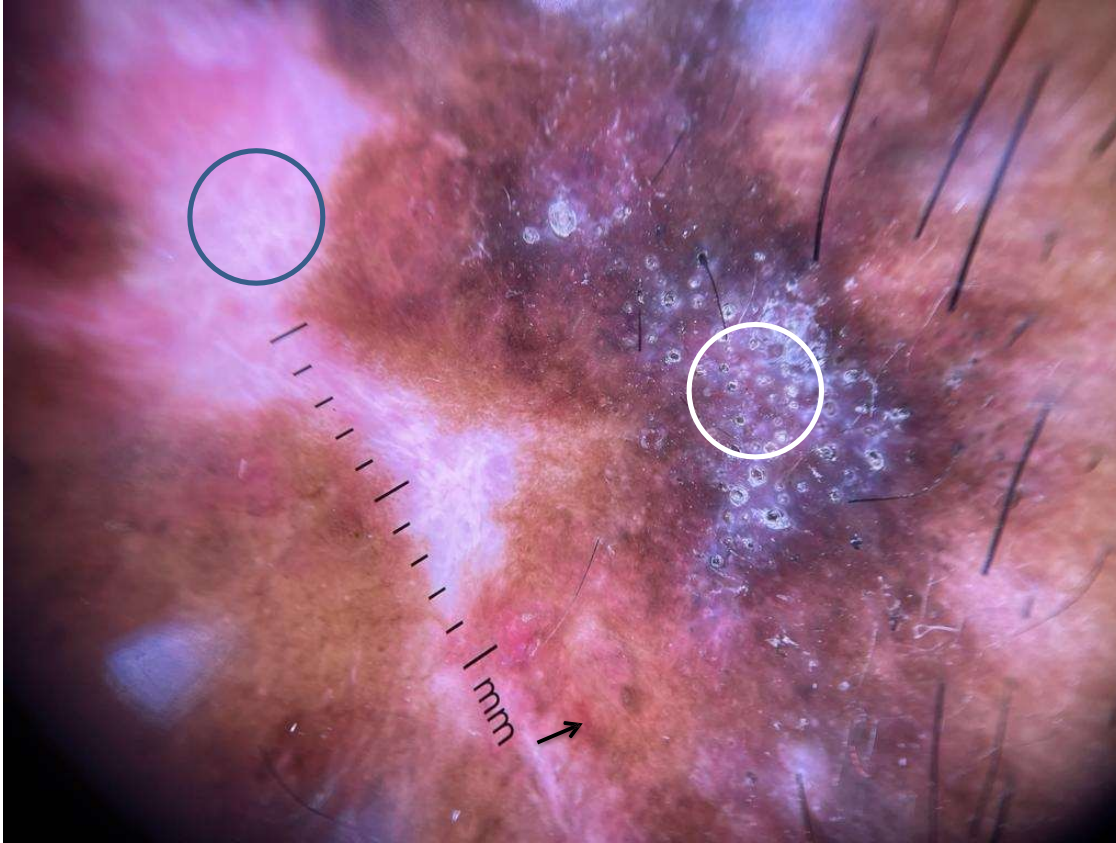


absence of pigmentary network,
peripheral maple leaf-like structures(arrow), absence of pigment
network, brown dots

BASAL CELL CARCINOMA

CASE 4



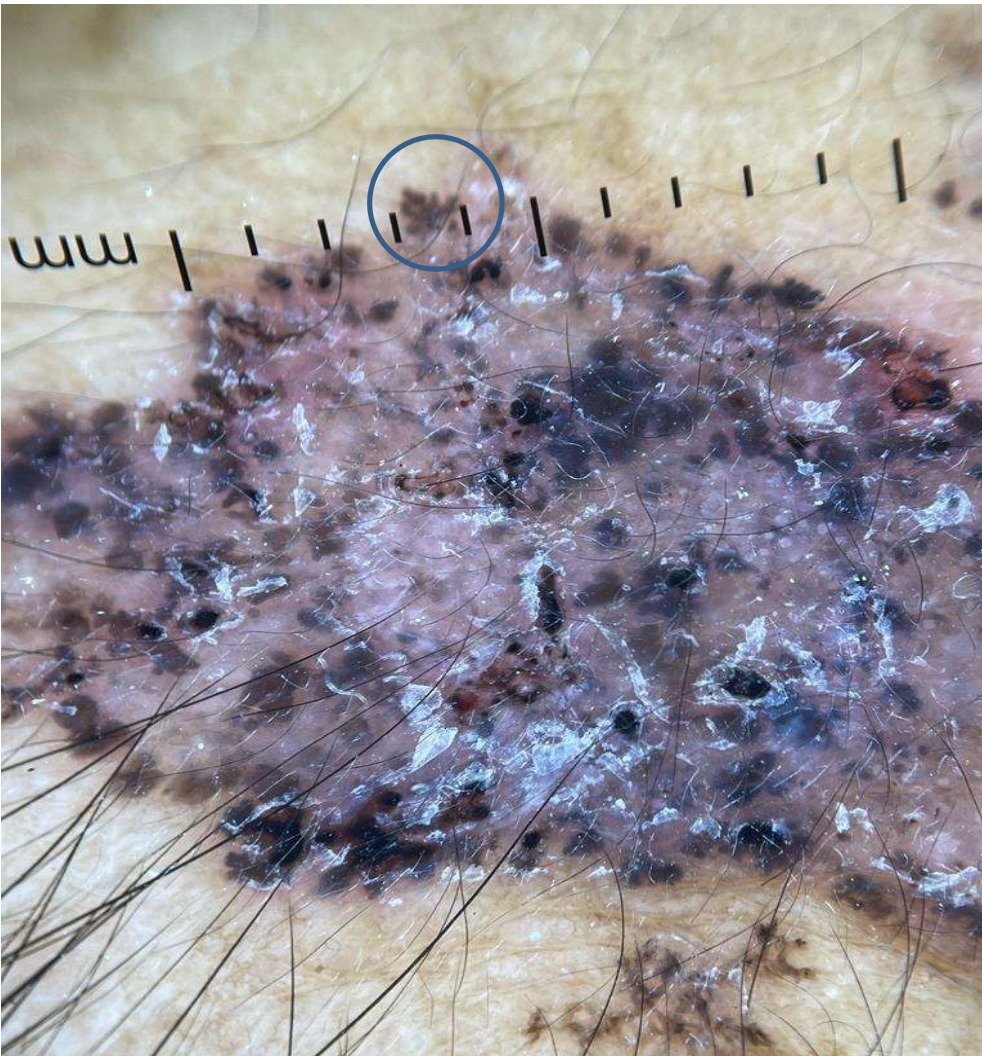


Follicular plugging(white circle), linear vessels (arrow), white areas(blue circle) present over an erythematous background

DISCOID LUPUS ERYTHEMATOSUS

CASE 5



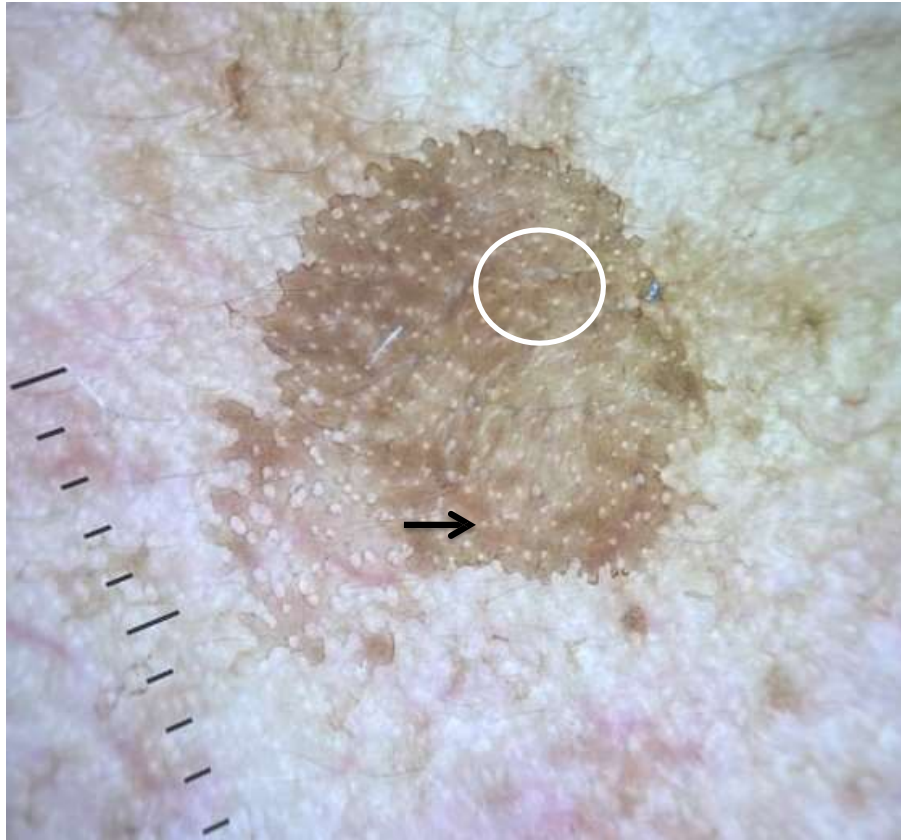


Maple leaf like structures ,
bluish gray structureless
areas, brown dots, erosions

BASAL CELL CARCINOMA

CASE 6



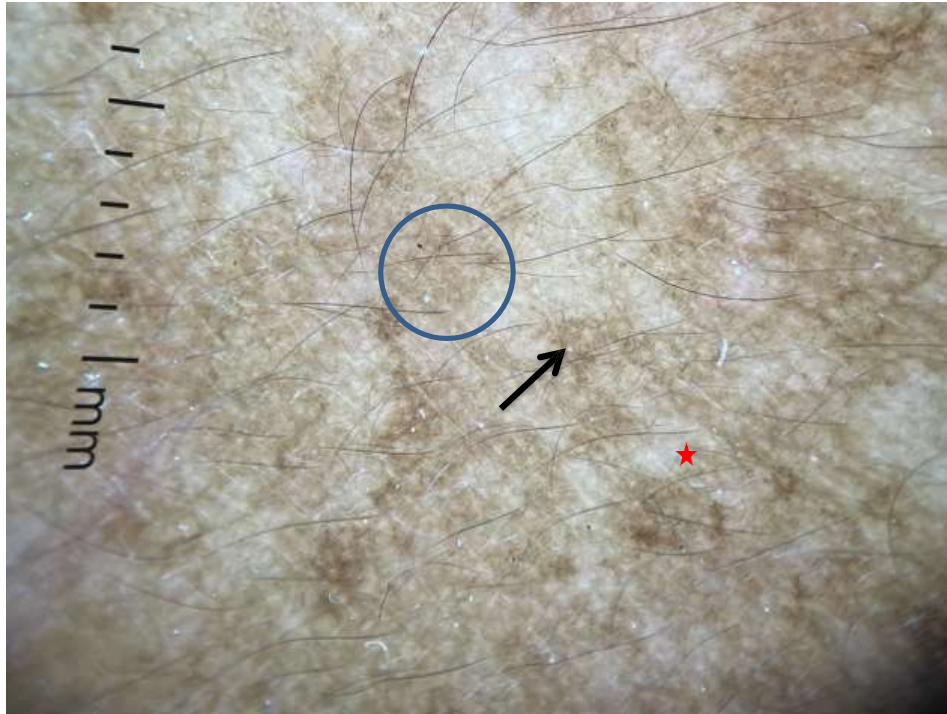


structureless homogenous pigmentation (circle) and numerous openings of hair follicle ostia (arrow) and adnexal structures

SOLAR LENTIGO

CASE 7



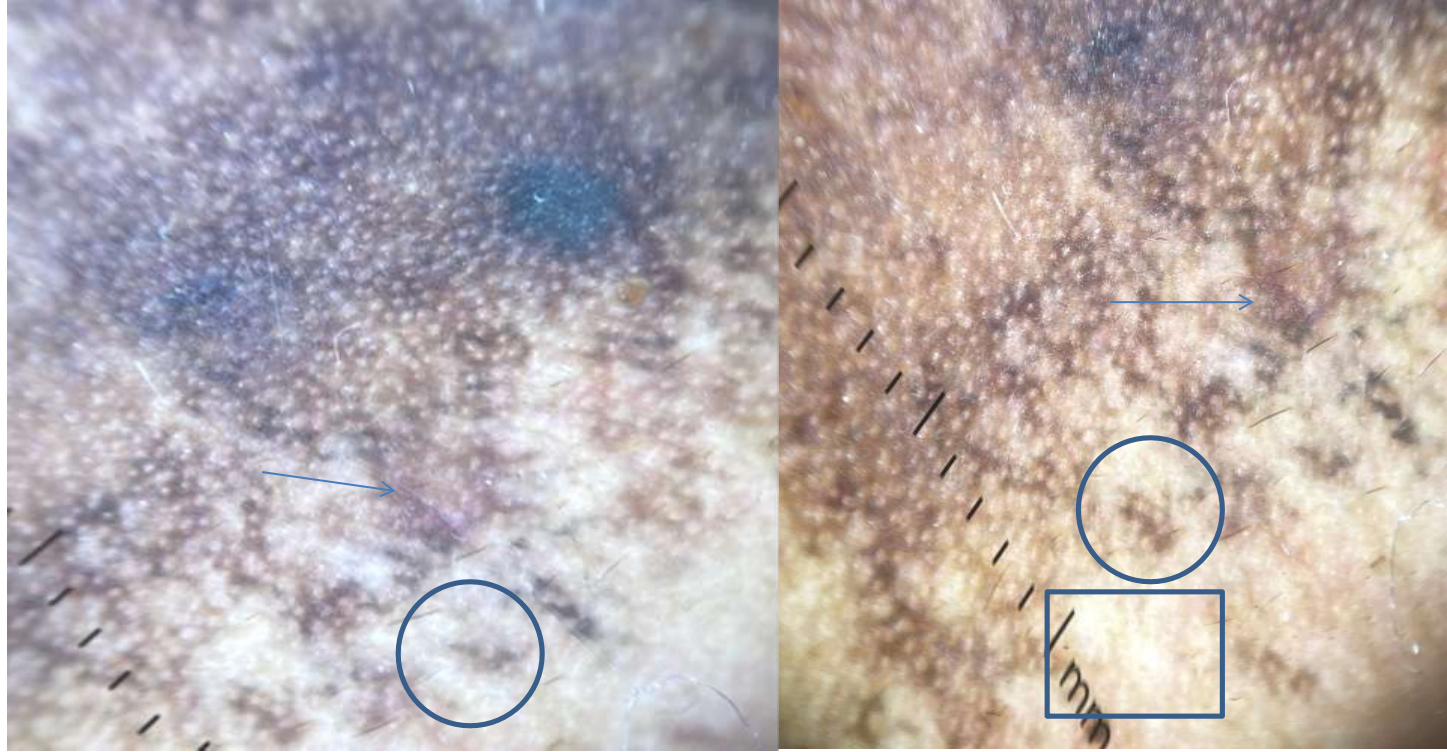


A light-to-dark brown background (circle) and brown granules and globules (arrow) with perifollicular sparing (red star)

MELASMA

CASE 8





dark brown globules, irregular brown amorphous areas, elongated and curvilinear-worm like structures (blue circles), confetti pigmented macules (rectangle)

EXOGENOUS OCHRONOSIS



SESSION 11

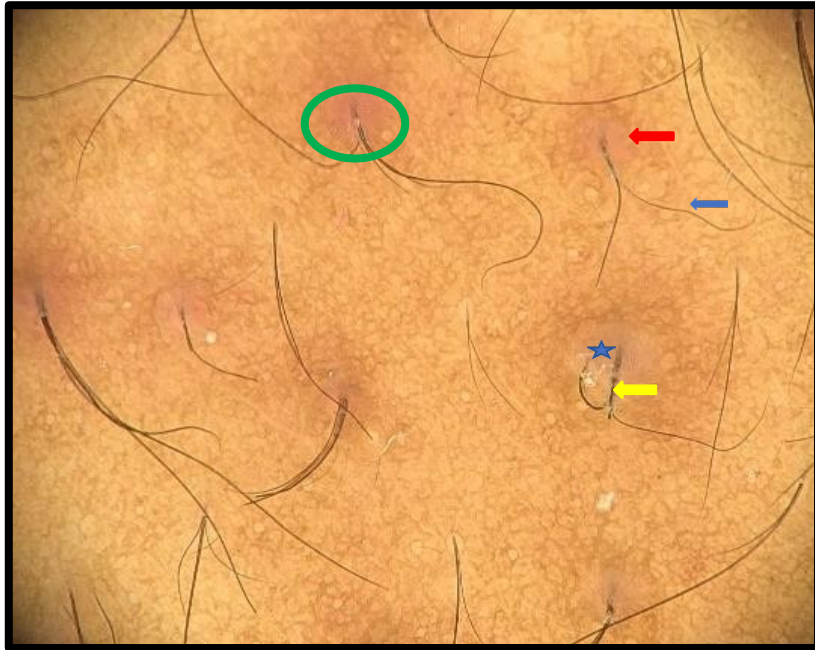
Dr Spandana P Hegde

Case 1



23 yr/M with lesions over outer arm

Case 1- KERATOSIS PILARIS



← Perifollicular erythema

← Coiled hair

★ Perifollicular scaling

← Twisted hair

○ Multiple hair emerging from same ostia

Case 2



4 yr/M with lesions over elbows & knees

Case 2- PHRYNODERMA



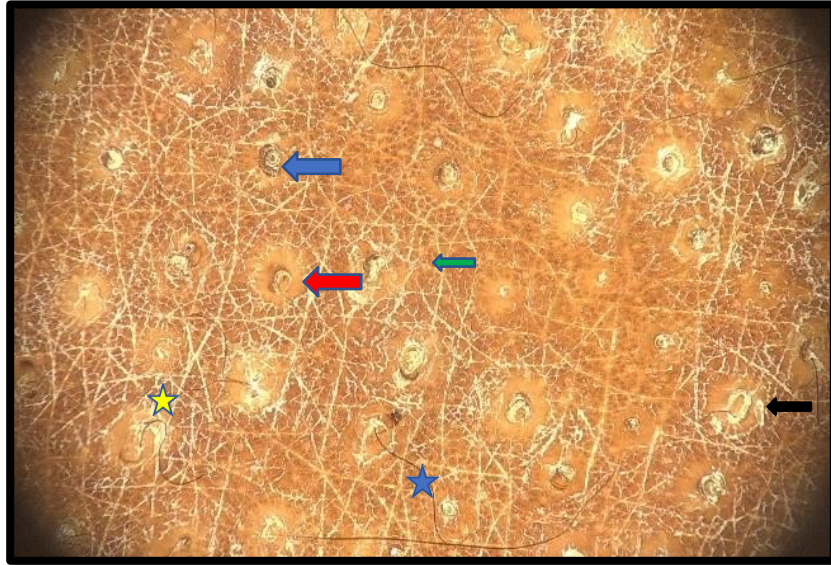
- ← Keratotic plugging
- Perilesional floret like structures
- ← Perifollicular scaling
- ← Perifollicular white halo

Case 3



8 yr /M with lesions over forearms & knees

Case 3- PITYRIASIS RUBRA PILARIS (CIRCUMSCRIBED JUVENILE)



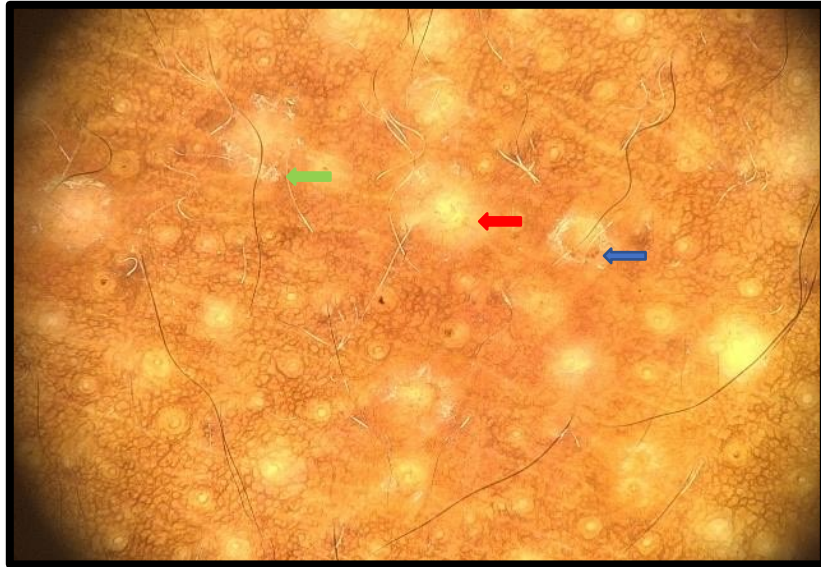
- ← Perifollicular yellowish-orange halo
- ← Keratotic plugging
- ← Perifollicular scaling
- ← Prominent skin markings
- ★ Twisted hair
- ★ Looped hair

Case 4



50 yr /M with lesions over upper back

Case 4- FOLLICULAR PSORIASIS



← Perifollicular white halo

← Perifollicular scaling

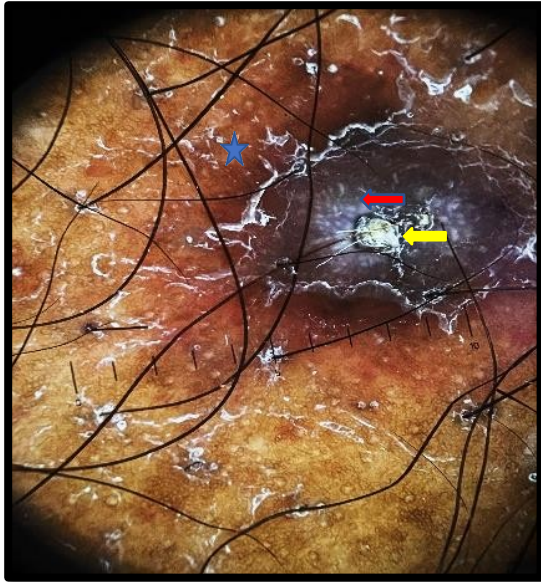
← Red dots

Case 5



45 yr /M with lesions over lower limbs

Case 5- PERFORATING FOLLICULITIS



← Bright white clods

← Structureless grey-white areas

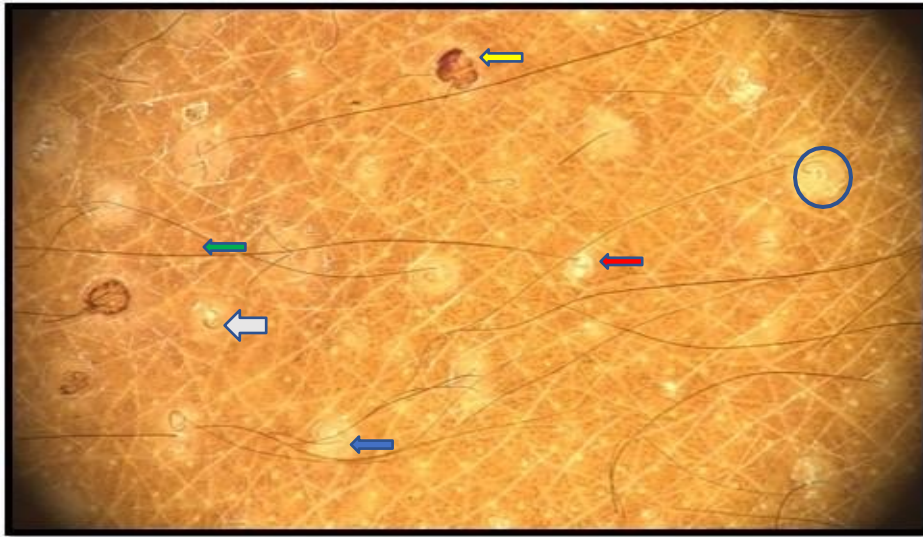
★ Reticular brown pigmentation

Case 6



6 yr /M with lesions on lower limb

Case 6- FOLLICULAR ECZEMA



- ← Perifollicular white halo
- ← Perifollicular scaling
- ← keratotic plugging
- Coiled hair
- ← Prominent skin markings
- ← Orange-brown clod sign



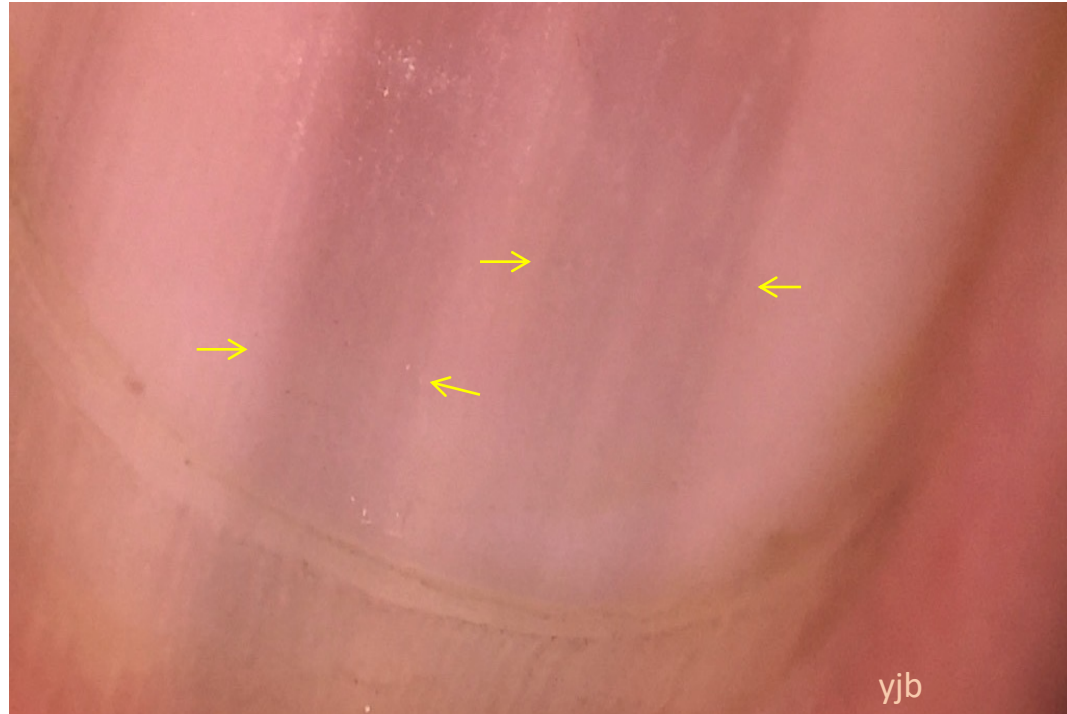
SESSION 12

Dr Yasmeen J Bhat

Case 1



Case 1 (Ethnic Melanonychia striata)



Multiple grayish regular bands of uniform width in multiple nails

Case 2



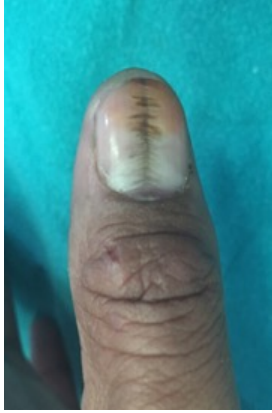
Case 2 (Frictional Melanonychia)



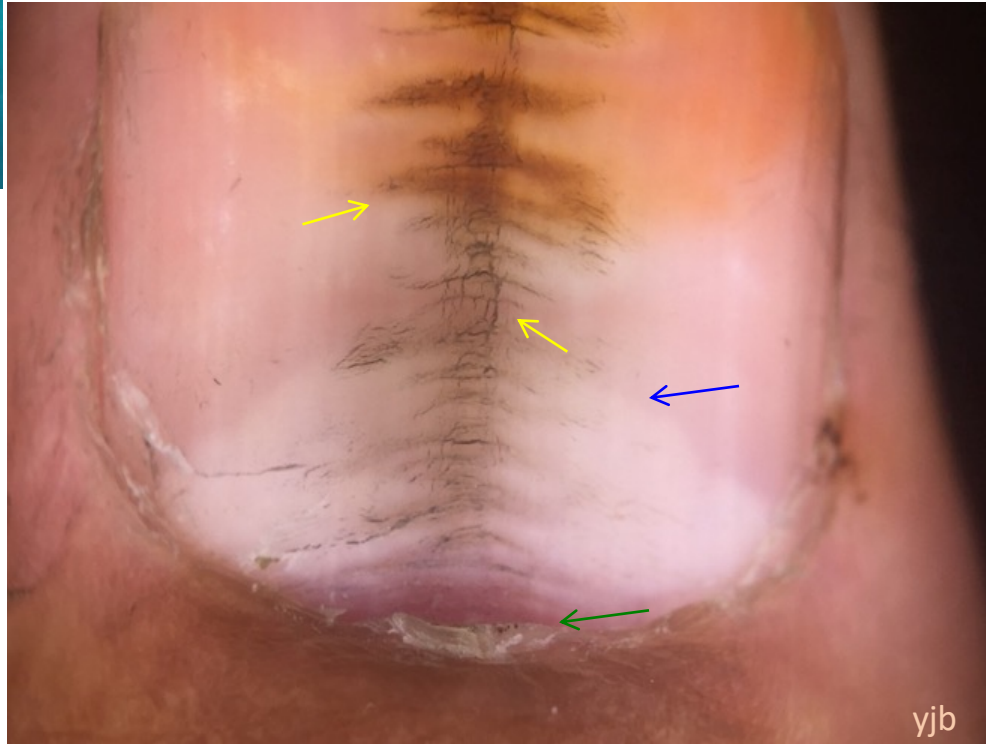
Grayish regular band of uniform width, lichenification of PNF (blue arrow), scaly periungual folds (green)

Case 3





(Median canaliform dystrophy)



Central longitudinal & multiple transverse furrows, enlargement of lunula (blue), self induced by repetitive trauma to matrix (Habitual tic deformity)

Case 4

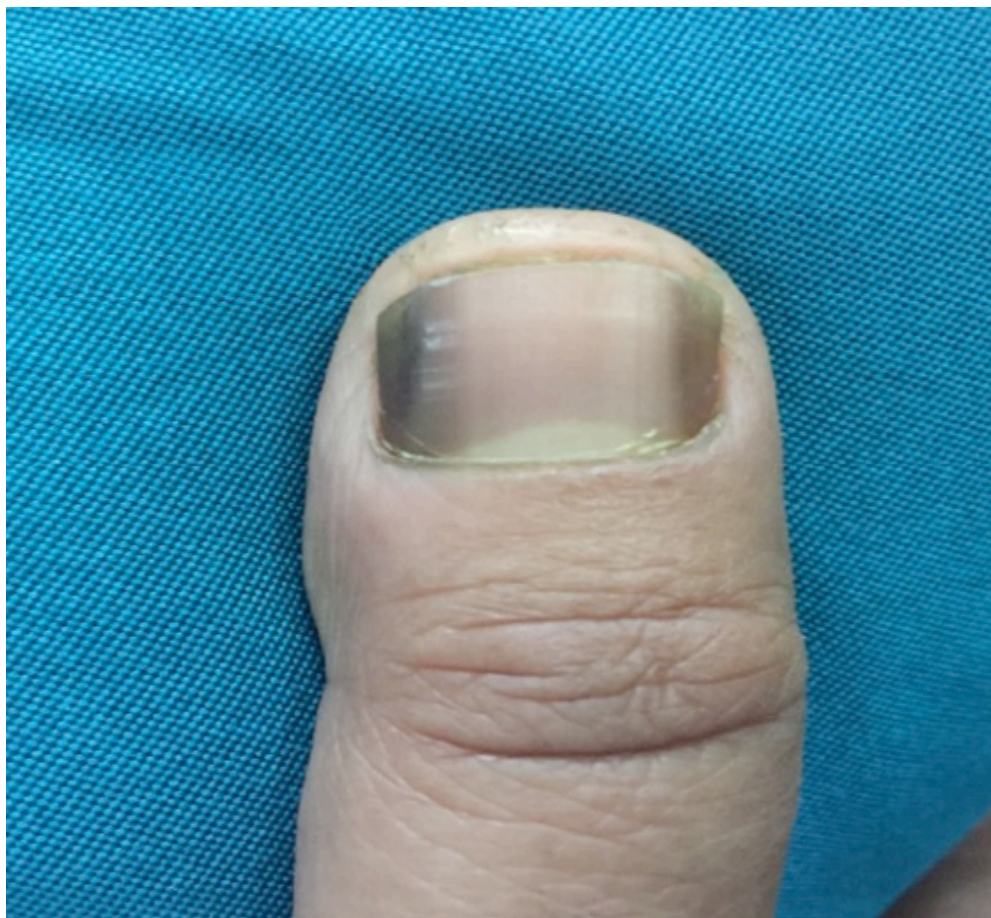


Case 4 (Subungual Hematoma)

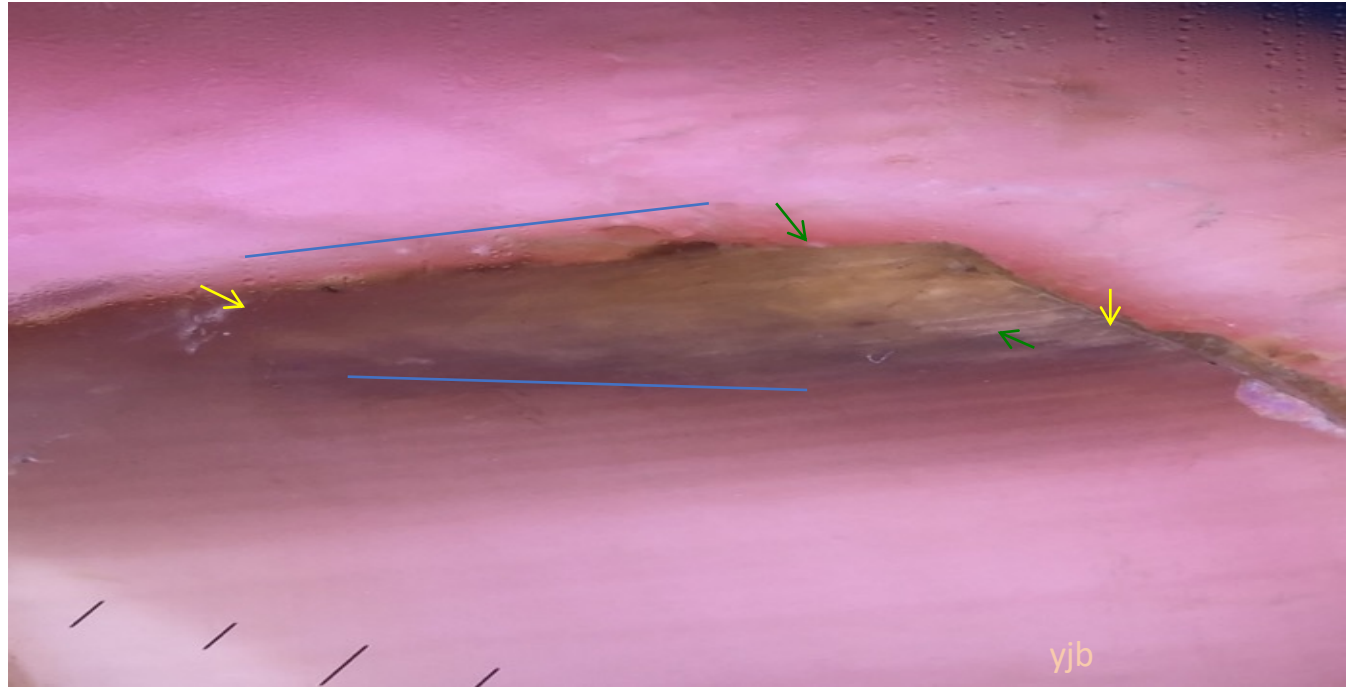
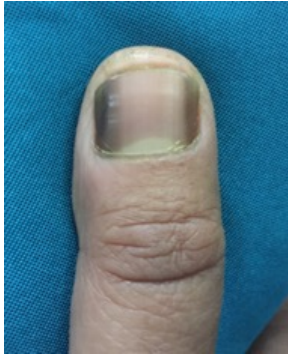


Multiple purplish and purple-black globules proximally representing blood and distally filamentous bands (yellow arrows), henna staining here

Case 5



Case 5 (Mixed infection Melanonychia)

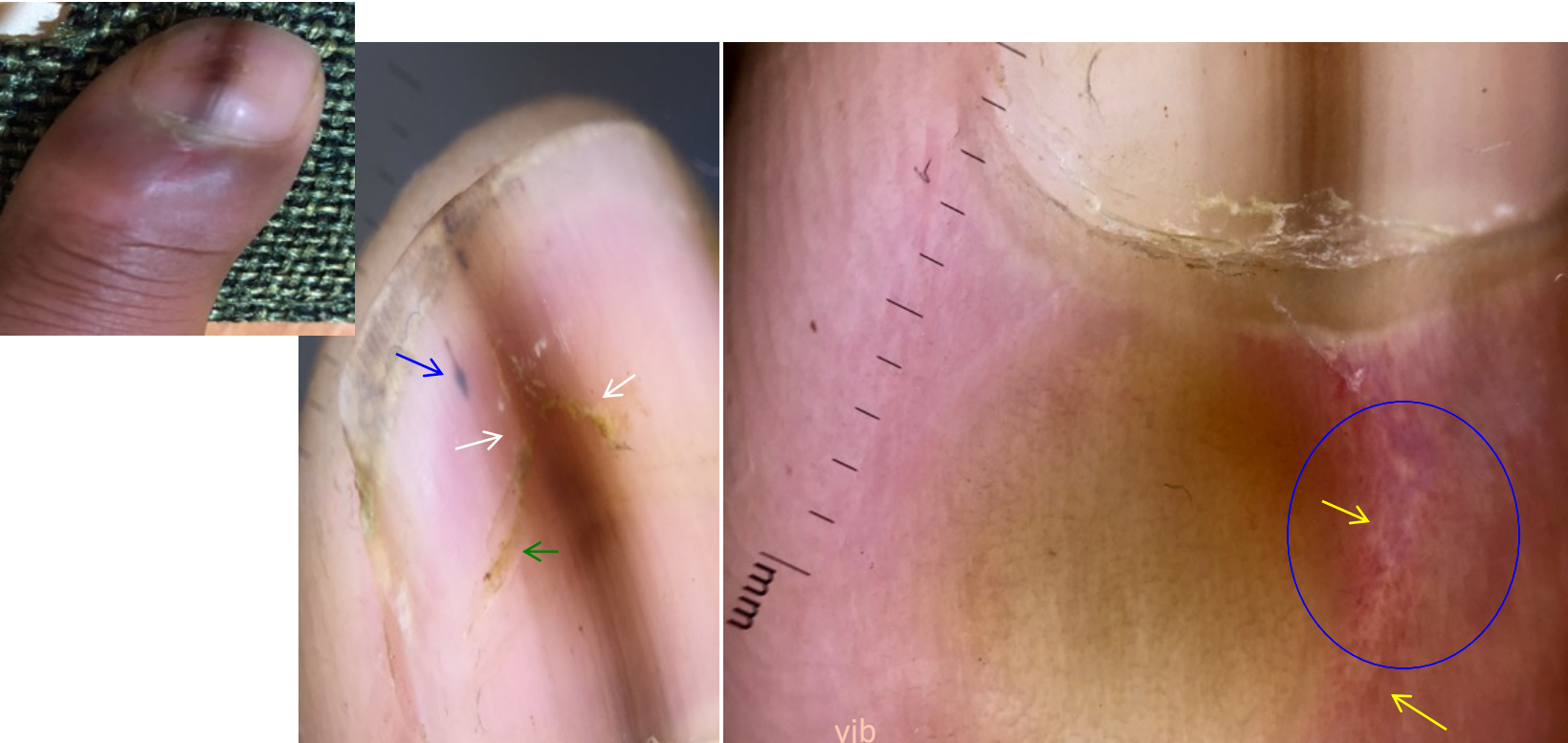


Mix of black, gray and yellow discolored streaks (green arrows), scales (yellow), reverse triangular pattern (blue lines)

Case 6



Case 6 (Lichen planus induced LM)

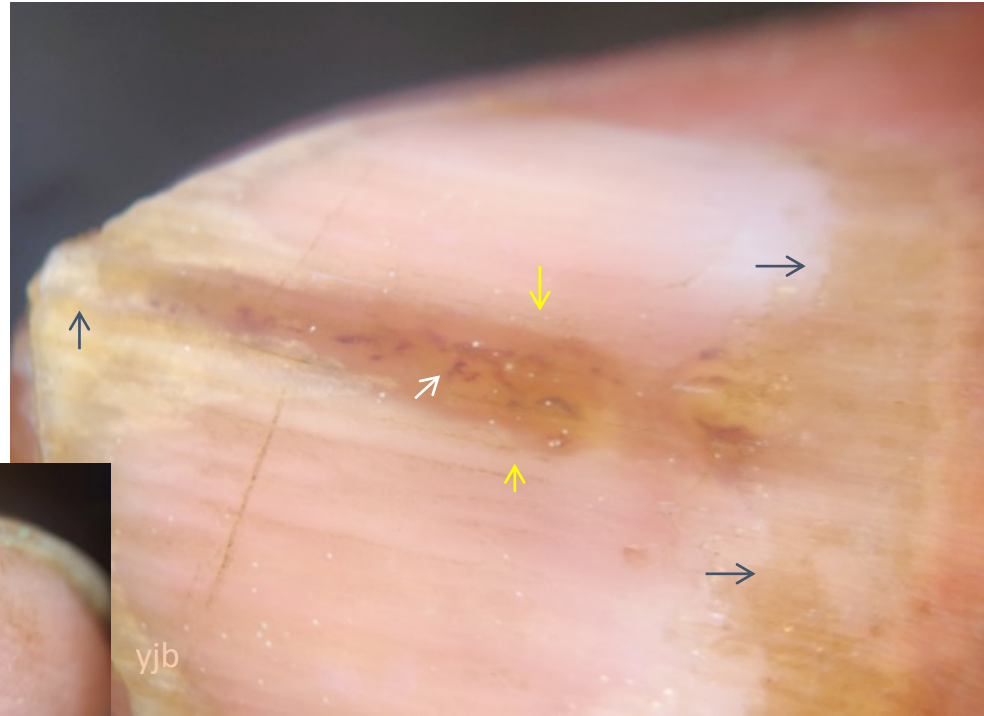


Wickham's striae (blue circle), red dots in the periphery of PNF (yellow arrows), brownish gray longitudinal regular bands (white arrows), transverse ridging of NP (green), splinter hemorrhages (blue arrow)

Case 7



Case 7 (Onychopapilloma)

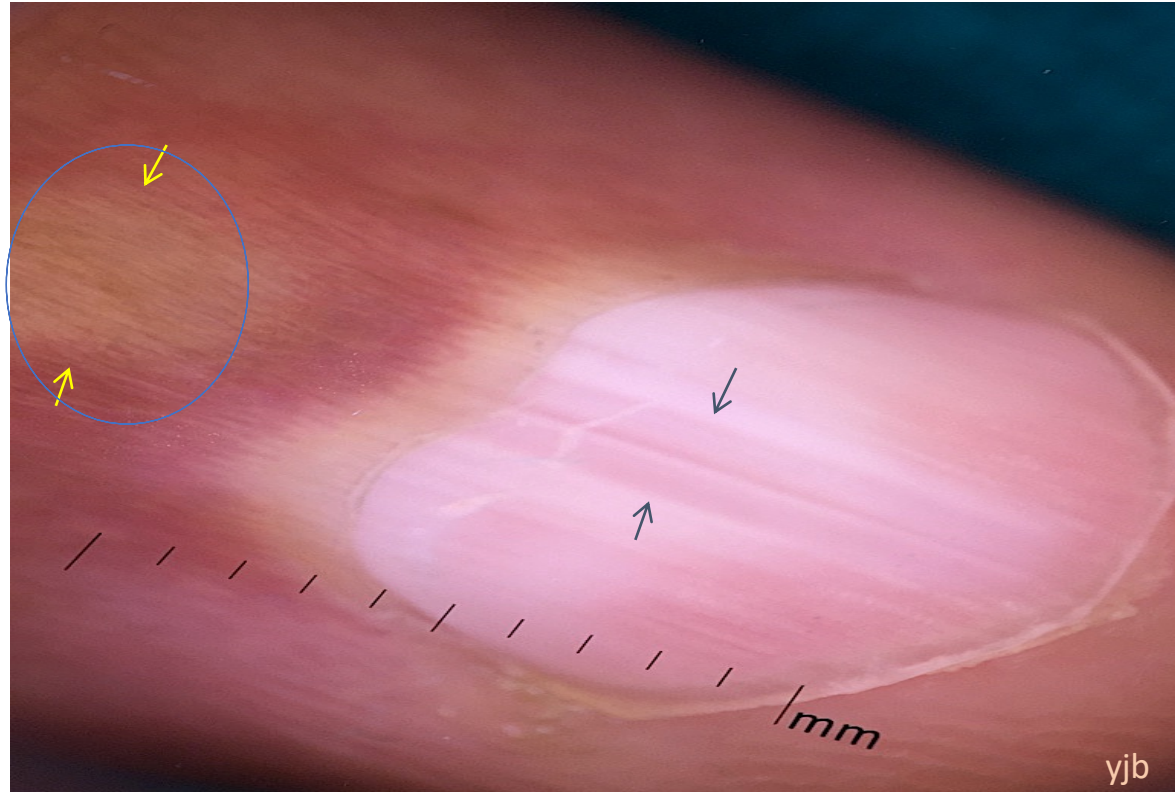
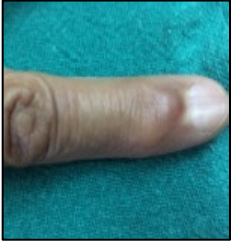


Trailing lunula (blue arrows), longitudinal erythematous to light brown band (yellow arrows), short splinter hemorrhages (white arrows), distal leukonychia & fissuring, subungual hyperkeratotic mass (blue circle)

Case 8



Case 8 (Digital mucous cyst)

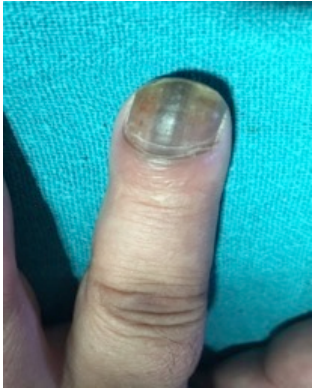


Yellowish homogenous area(blue circle) with peripheral short red lines near PNF (yellow arrows), faint grayish regular band on NP (blue arrows)

Case 9



Case 9 (Fungal Melanonychia)

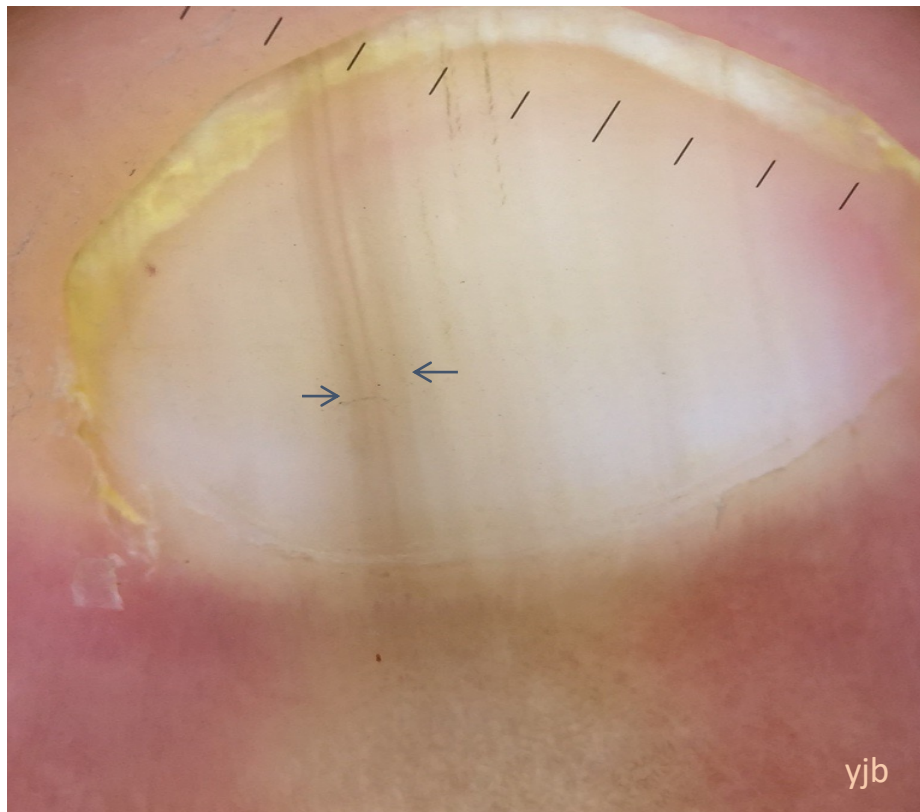


Multicolour pattern, scales on NP

Case 10



Case 10 (Nail matrix Lentigo)

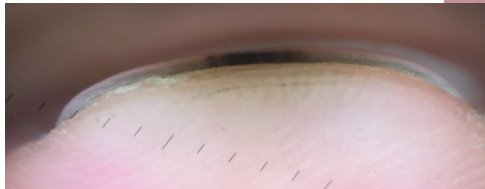
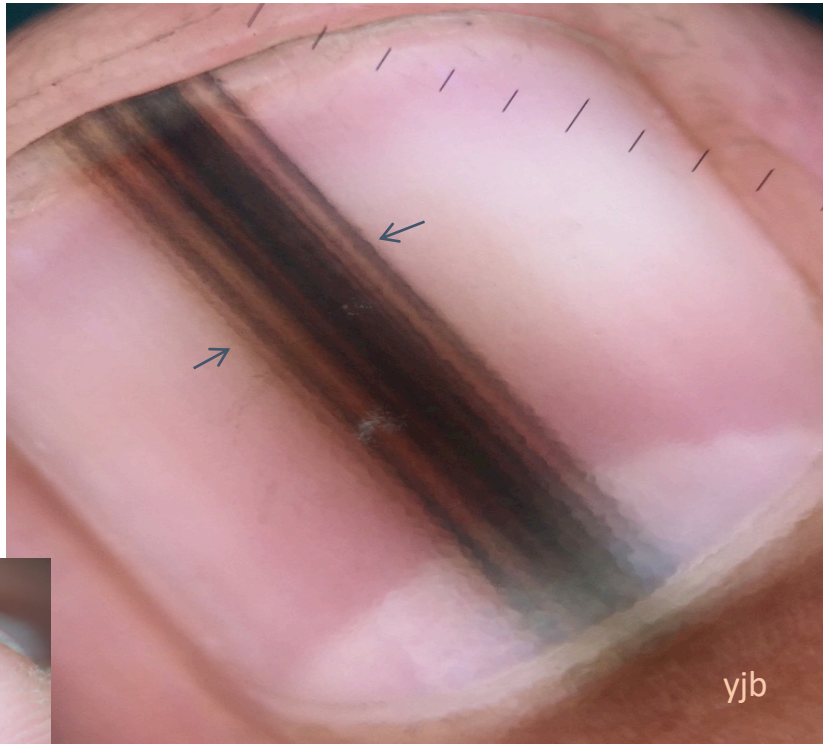


Regular, light brown, parallel linear bands on nail plate

Case 11



Case 11(Nail matrix naevus)

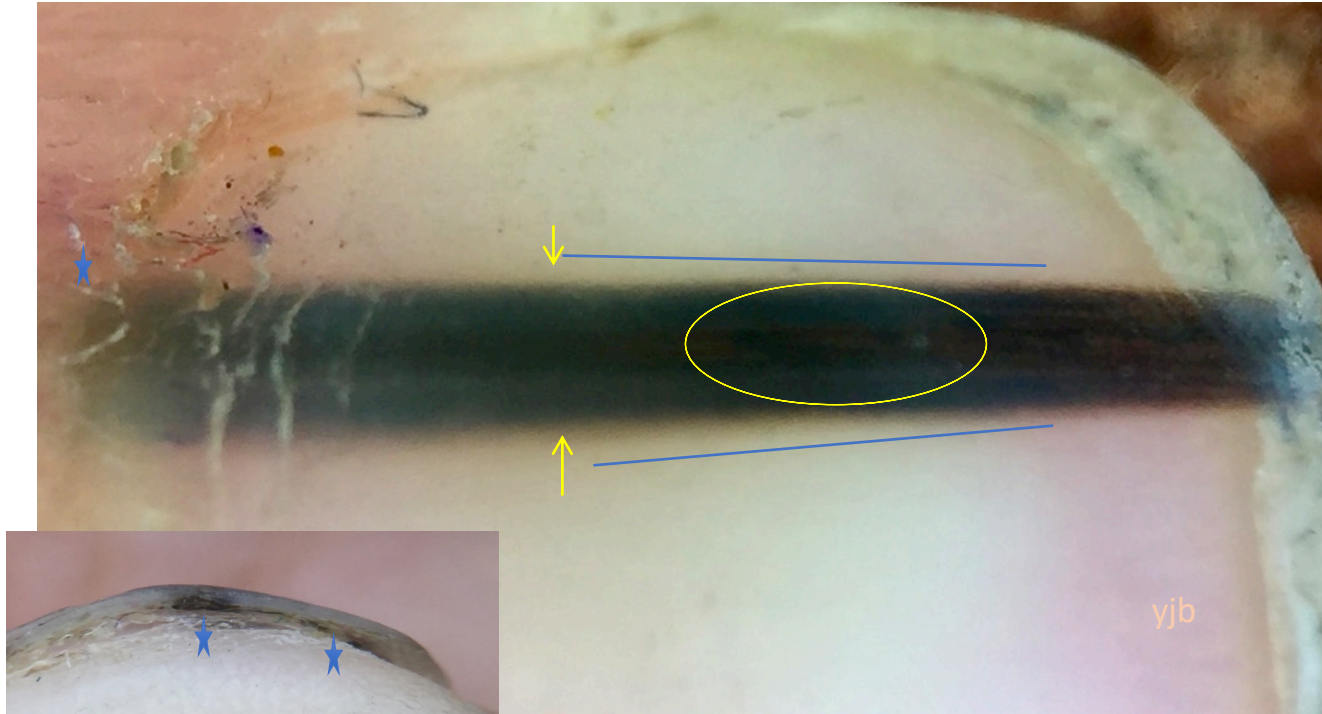


Regular, dark brown and black, parallel linear bands , homogenous in space and width on nail plate, ventral nail plate involvement.

Case 12



Case 12 (Nail matrix nevus in a child)

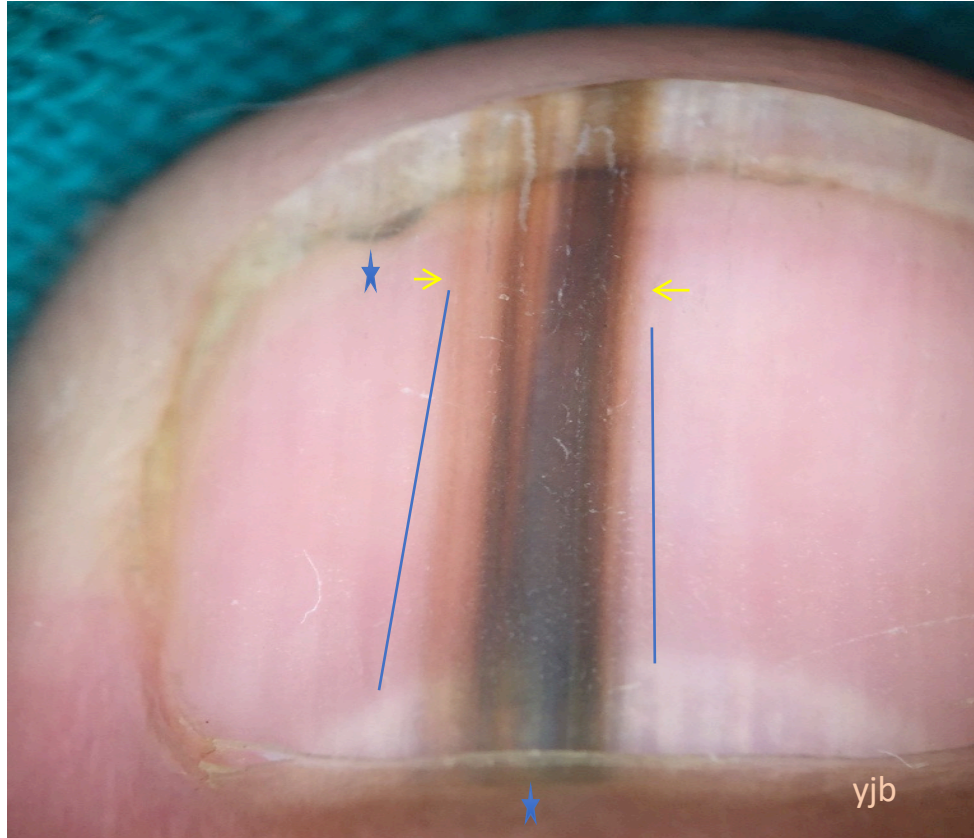


Linear dark black bands with paler pigmentation in centre, slight triangular pattern and pigment in hyponychium (common in naevi in children), pseudo- Hutchinson's sign (blue star)

Case 13



Case 13 (Melanoma in Situ)

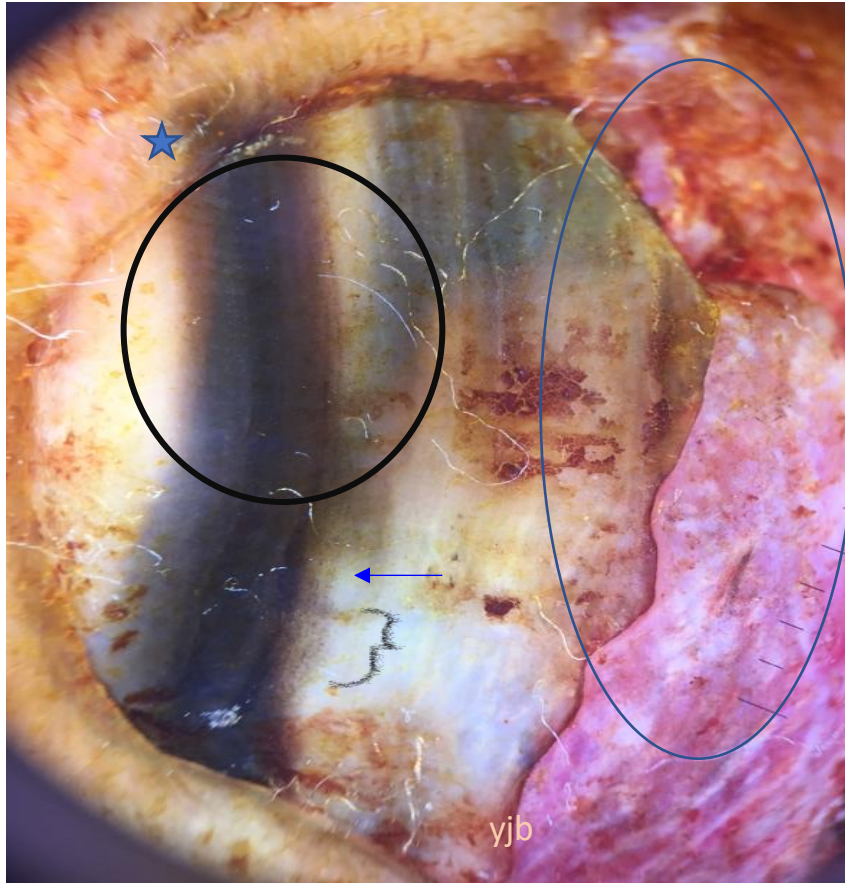


Linear black, dark brown, light brown irregularly arranged bands with lack of homogeneity in colour, width, spacing and parallelism, triangular pattern (blue lines, Hutchinson's sign positive (blue star), pigment in hyponychium.

Case 14



Case 14
**(Acral Noduloulcerative
Melanoma)**



Polychromatic lines (gray, black and brown) – black circle, Irregular lines (blue arrow)
Granular lines (bracket black)Hutchinson sign (blue star), Reddish pink background (blue circle)



Pinkish red background.

Polymorphous and linear vessels (red circle and arrow)

White clods and lines (white circle)

Rainbow clods (purple star)

Brown pigment lines (blue arrows)



yjb



THANK YOU.