Letter to the Editor

Dermoscopy of “Lichenoid Pseudovesicular Papular Eruption on Nose”

“Lichenoid pseudovesicular papular eruption on nose” (LIPEN) is a newly described distinct clinicopathological entity as it differs from other facial papular disorders.[1] Though its exact nosological status is not clear, it has been probably linked to actinic lichen nitidus or micropapular polymorphous light eruption. Here, we wish to describe a similar case along with its dermoscopic findings.

A 40-year-old male presented with multiple asymptomatic red-colored raised lesions over the nose from the last 1 year. There was no history of photosensitivity, seasonal variation, or aggravation to food or emotional stimuli. There was no history suggestive of hyperhidrosis on the nose, insect bite, facial flushing or burning, and any new drug intake. There were no systemic complaints. His medical and family history were noncontributory. On cutaneous examination, there were multiple slightly erythematous, translucent, coalescing pseudovesicular papules prominently involving the tip, dorsum of the nose, nasal alae, philtrum, and ear lobules [Figure 1a]. Dermoscopy showed multiple brown and grey dots and globules which were more concentrated around eccrine openings and follicular openings. There were pseudoreticular network, few follicular plugs, patchy white scales, and background erythema [Figure 1b]. Histopathological examination showed dense vaguely nodular aggregates of lymphocytes and many histiocytes, focal vacuolar degeneration of basal cell layer with occasional colloid bodies, and prominent pigment incontinence [Figure 2a-c]. Final diagnosis of lichenoid pseudovesicular papular eruption was made.

Lichenoid pseudovesicular papular eruption manifests as asymptomatic or sometimes pruritic monomorphic, pseudovesicular, grouped, skin-colored to slightly erythematous papules predominantly involving the tip of the nose, nasal alae, philtrum, and the adjoining cheeks. The lesions are chronic in nature, and topical tacrolimus and sunscreens may be beneficial.[1] Our case had similar clinical and histopathological features. In addition, our patient had involvement of ear lobules also. This entity can be confused with other dermatoses like granulosa rubra nasi, granulomatous rosacea, cutaneous sarcoidosis, polymorphic light eruption, lichen nitidus, and eccrine hidrocystoma, etc., Though these dermatoses can be differentiated on the basis of clinical features and histopathology but if the patient is not willing for biopsy, then dermoscopy can be used as an easy noninvasive tool for the diagnosis. Table 1 shows dermoscopic findings of these disorders [Table 1].[2-6] In LIPEN, multiple brown and grey dots and globules represent the melanin pigment at the dermo-epidermal junction and in the dermis, respectively. These findings, however, need to be validated in larger patient groups.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have
Table 1: Clinical differentials of “Lichenoid pseudovesicular papular eruption” with dermoscopy findings[2-6]

| Disease                  | Dermoscopy findings                              | Histopathology correlate                                      |
|--------------------------|--------------------------------------------------|----------------------------------------------------------------|
| Polymorphic light eruption | Ring-shaped scales                               | Scale, crust seen a top the stratum corneum                    |
| Granulosa rubra nasi     | Discrete round-to-oval pink and red structureless areas and absence of vascular structure | Dermal nodular inflammatory collection with prominent vascularity. |
| Cutaneous sarcoidosis    | Diffuse or localized, structureless orangish areas and well-focused linear or branching vessels | Orangish areas represent granulomas and because granulomas push the dermal vessels toward the skin surface, they look more focused. |
| Granulomatous rosacea    | Multifocal orangish areas with vascular polygons | Granulomas with vascular dilatation                             |
| Lichen nitidus           | Multiple, white, well-circumscribed, circular areas along with an indistinct brown shadow reflected through these white circles | Brownish shadow corresponds to the inflammatory infiltrate enveloped by the acanthotic rete ridges which represent white circular areas. |
| Eccrine hidrocystoma     | Molluscoid- appearing clear cysts, with a hypopyon-like appearance in darker lesions. | Unilocular cyst in the dermis                                   |

Given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initial s will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

**Conflicts of interest**

There are no conflicts of interest.

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