

Localized hypopigmentation under the Dermoscope: A diagnostic conundrum

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Clinical Image

Patients with hypopigmented skin conditions may face cosmetic and psychological difficulties due to the significant difference in appearance between the affected skin and the surrounding normal skin. As a result, they may feel the need to seek evaluation and treatment [1]. On occasion, we have encountered patients with acquired well-demarcated, scattered hypopigmented papules which can suggest multiples diagnosis such as warts, guttate hypomelanosis or an hypopigmented variant of seborrheic keratosis. Seborrheic keratoses are a common type of acquired skin lesion in adults. While they typically appear as brown or black macules or papules, they can rarely presented with a pale, hypopigmented papule with a surface that displays a variation in color [2]. A notable clinical feature that sets seborrheic keratoses apart is their "stuck on" appearance. This means that the lesion's edges are palpable and differ from the surrounding skin, giving the impression that it was affixed to the skin [2]. We report the case of a 30 year old woman presenting a white papule on the right forearm. Clinical examination revealed a slightly infiltrated whitish 3 mm papule suggesting a wart, a hypopigmented seborrheic keratosis or a hyperkeratotic guttate hypomelanosis (Figure1). Dermoscopy showed a good demarcation in the periphery with a bitten aspect and some pseudocysts (Figure 2). A biopsy was performed confirming the diagnosis of seborrheic keratosis.



Figure 1: Slightly infiltrated white papule on the right forearm.



Figure 2: Dermoscopy showing a good demarcation in the periphery with a bitten aspect and some pseudocysts.

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