

# A Line Redefining His Jaw

Joe R. Monroe, MPAS, PA

**T**wo years ago, an asymptomatic lesion manifested along a 5-year-old boy's jawline. When it didn't go away on its own, his mother took him to the pediatrician. Unfortunately, the pediatrician could not identify the lesion, but his recommendation was very clear: Remove it.

The patient is referred to dermatology for evaluation and possible treatment. In the clinic, the child appears quite healthy and is talkative. The lesion doesn't bother him as much as it does his mother, who has noticed the boy's friends and cousins teasing him about it.

The lesion is a pink linear collection of papules—each 1 to 3.5 mm in width—configured in a curved pattern mimicking the line of the jaw. It runs from near the left oral commissure along the angle of the jaw, measuring a total 14 cm.

Magnification reveals that the lesion is entirely composed of tiny vesicles. No inflammation is appreciated. The lesion is tender to touch. Further palpation reveals that the lesion is quite superficial, with no underlying induration.

### The most likely diagnosis is

- Koebnerized warts
- Lichen striatus
- Lymphangioma circumscriptum
- Koebnerized mollusca

### ANSWER

The correct answer is lymphangioma circumscriptum (choice "c").

### DISCUSSION

The condition known as *lymphangioma circumscriptum* (LC) was first described more than 100 years ago, but it wasn't until 1976 that I.W. Whimster discovered it entails aberrant lymph vessels that are unconnected to the deeper, normal lymph circulatory system. This



uncommon condition often manifests with lesions that cause worry and occasionally leak clear lymph fluid when traumatized. Linear LC can occur almost anywhere but is more common on arms, neck, and legs. This was the first case of facial LC the author had ever seen.

LC can manifest in large patches or plaques that can vary in appearance from colorless (as in this case) to purple or even red because scratching or other trauma can lead to blood entering the vessels. Chronic scratching or rubbing can lead to lichenified surfaces, which can make diagnosis more difficult.

Koebnerized warts or molluscum (made linear by trauma) are in the differential, but neither are composed of vesicles. And while lichen striatus is linear by definition, it is papulosquamous in nature.

### TREATMENT

Many LC lesions have a deeper component that might not be evident at first glance, so excision is a less-than-ideal treatment. Another problem with excision—as well as almost any other destructive or surgical treatment—is the certainty of scarring. The resulting post-inflammatory changes could easily look worse than the original lesion.

For this patient's lesion, radiofrequency ablation is viable. But first, biopsy should be ordered to confirm the diagnosis.

**CR**



**Joe R. Monroe, MPAS, PA**, practices at Dermatology Associates of Oklahoma in Tulsa. He is also the founder of the Society of Dermatology Physician Assistants.