Letter to the Editor

Dear *Cutis*®:

I enjoyed the excellent continuing medical education article by Dr. Osswald et al—"Erythema Dyschromicum Perstans: A Case Report and Review" (*Cutis*. 2001;68:25-28), including its description of the histopathology and possible pathogenesis of erythema dyschromicum perstans (EDP)—but noticed no mention of dermatoscopic findings or of how EDP hyperpigmentation might differ from other types of hyperpigmentation. I examined the same patient described in the article, and I obtained dermatoscopic photographs of an involved area (Figure 1). The pigment pattern is a fine granular blue-black stippling that corresponds with the particulate melanoderma seen on histologic examination. Although this pattern has a reticular network constructed around appendageal structures, it more closely resembles that seen with many types of postinflammatory hyperpigmentation and benign lichenoid keratoses (Figure 2) than the pigment pattern seen with normal constitutional pigmentation (background of Figure 3). Pigment granules are so uniform in size and shape in EDP but more irregular in other lichenoid dermatoses, implying that the mechanism involved is much more complex than the mechanism involved in a diffuse lichen planus eruption. There should be no mistaking EDP pigmentation with dark-skinned individuals' normal regular linear brown pigmentation (Figure 3); in the latter case, the pigment is predominantly in the epidermis (hence the brown seen on dermoscopy) and is structured by the rete ridge network.

Sincerely,

COL Jeffrey J. Meffert, MC, USAF
Program Director, Department of Dermatology
San Antonio Uniformed Services Health Education Consortium

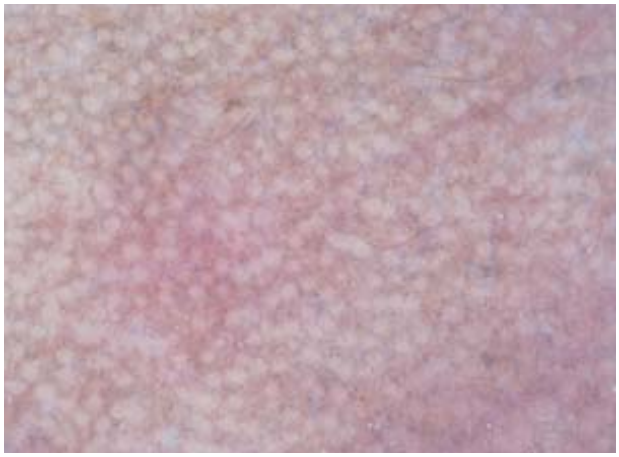

Figure 1. Dermatoscopic findings of erythema dyschromicum perstans: fine particulate blue-black pigment consistent with evenly distributed small-particle melanoderma (Heine Dermatophot, original magnification ×10).

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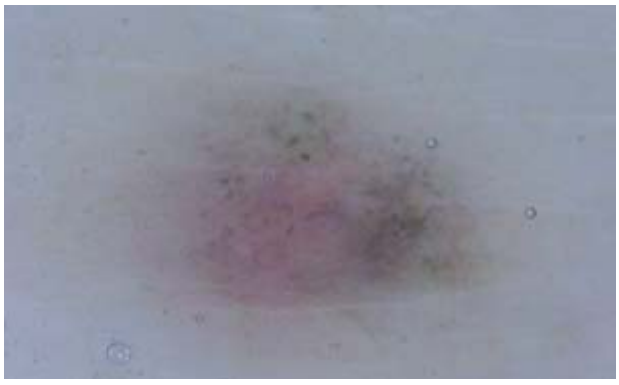

Figure 2. Dermatoscopic findings of biopsy—blue-black particles of various sizes and shapes—are consistent with those involving melanoderma and confirmed benign lichenoid keratosis (also known as lichen planus–like keratosis)(Heine Dermatophot, original magnification ×10).

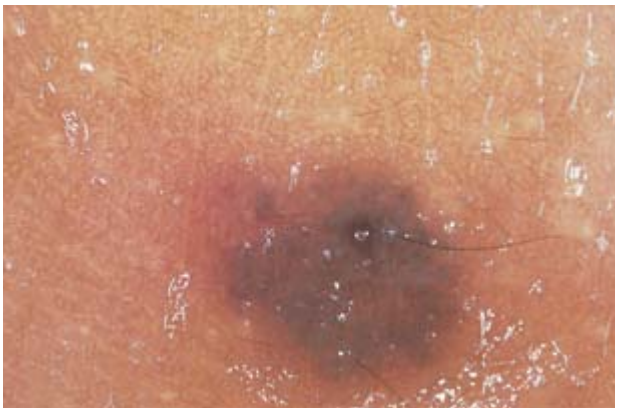

Figure 3. Dermatoscopic findings of compound dysplastic nevus on a dark-skinned patient: even-brown reticulated background consistent with normal epidermal pigmentation (Heine Dermatophot, original magnification ×10).