

Retired Tour Guide Intends to Maintain Her Tan

A 60-year-old woman is seen for complaints of skin changes on her neck that have slowly become more noticeable over a period of years. Although asymptomatic, these changes have been observed by others, who brought them to the patient's attention.

The patient worked as a tour guide in Arizona for 20 years, leading groups along desert trails to view native flora and fauna. During that time, she maintained a dark tan almost year-round, tanning easily and never using sunscreen.

The patient has type III skin, bluish gray eyes, and light brown hair. Dark brown-to-red mottled pigmentary changes are seen on the sides of her neck; the central portion of the anterior neck is sharply spared. On closer inspection, many fine telangiectasias are noted in these same areas, as well as on the sun-exposed areas of the face. Aside from her skin changes, the patient claims to be quite healthy, with no joint pain, fever, or malaise.

The diagnostic term used to describe these changes is

- a) Poikiloderma vasculare atrophicans
- b) Chronic cutaneous lupus



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- c) Poikiloderma of Civatte
- d) Dermatoheliosis

ANSWER

The correct answer is poikiloderma of Civatte (choice "c"), details of which are discussed below.

Poikiloderma vasculare atrophicans (choice "a") can be an early indication of T-cell lymphoma but would probably not be chronic or confined to sun-exposed skin.

Several forms of lupus (choice "b") can present with poikilodermatous skin changes, but these would probably not be chronic.

Dermatoheliosis (choice "d") is the term for the collective effects of overexposure to the sun, of which poikiloderma of Civatte is but one example.

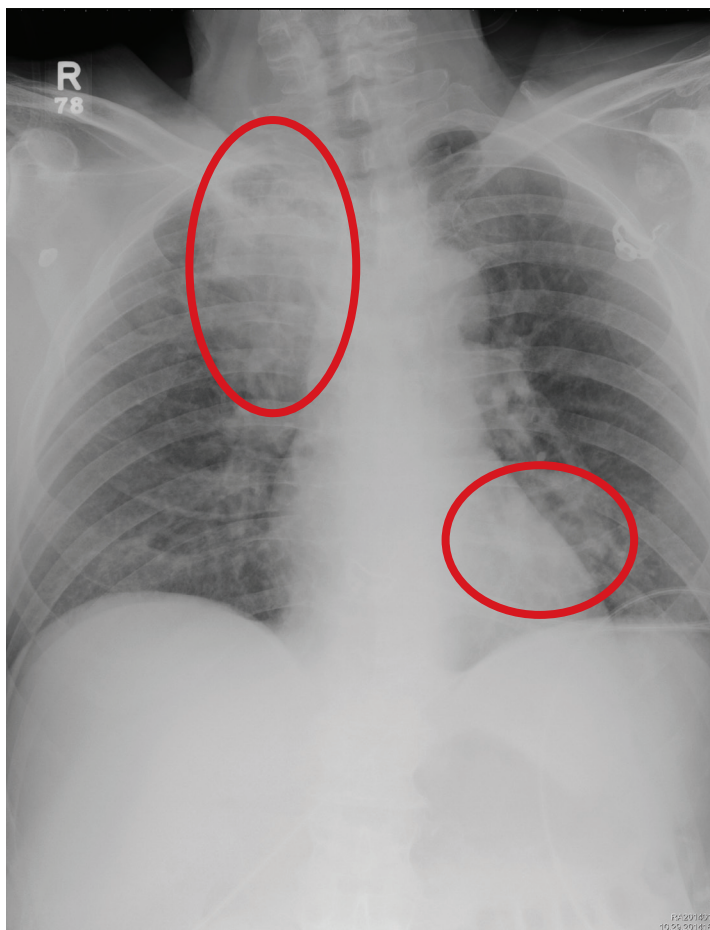
DISCUSSION

The French dermatologist Achille Civatte (1877-1956) first de-

scribed this particular pattern of sun damage in 1923—about the same time that sunbathing became fashionable among the well-off in the post-WWI era. He noted the distinct combination of telangiectasias, hyperpigmentation, and epidermal atrophy affecting the bilateral neck and lower face, combined with sharply defined sparing of the portion of the anterior neck shaded by the chin. Poikiloderma of Civatte (PC) is extremely common, especially in middle-aged women and, as one might expect, in those with a history of excessive sun exposure over a period of many years.

Though sun-caused, PC is a purely cosmetic issue and does not lead to skin cancer. While it typically causes no symptoms, it does become more obvious with time. The changes are so gradual that others typically notice them before the patient becomes aware.

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ANSWER

The radiograph shows two areas of concern: Within the apex of the right lung, there is a vague haziness that, in the setting of trauma, is suggestive of a contusion or even aspiration pneumonia. Another possibility is some sort of neoplasm. In addition, the patient has what appears to be a rounded density within the left lung, also suspicious for neoplasm. Additional work-up with contrast-enhanced CT is warranted.

Through further questioning, the patient denies any current symptoms or previous/recent diagnosis of cancer. CT of the chest confirmed the presence of masses in the right upper and left lower lobes. Subsequent biopsy was consistent with a moderate to poorly differentiated squamous cell carcinoma. **CR**

DERMADIAGNOSIS

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Transposing these types of skin changes to other locations would make them considerably more worrisome, specifically in the context of possible incipient T-cell lymphoma—one of the very few types of skin cancer that can take years to evolve into frank cancer. But the atrophy, telangiectasias, and discoloration signaling early

cutaneous T-cell lymphoma are usually seen in non-sun-exposed skin, particularly in the waistline and groin.

Poikiloderma vasculare atrophicans is only one of several manifestations termed *premycotic*. This refers to mycosis fungoides, one of the two most common forms of T-cell lymphoma. Serial

biopsy, sometimes over the span of several years, is often used to track such changes.

Pulsed light devices and certain types of lasers have been used successfully to treat PC. Our patient, however, declined treatment, declaring her firm intention to maintain “a healthy tan” year-round. **CR**