PSORIASIS AND INCONTINENTIA PIGMENTI ACHROMIANS

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Multiple lesions of psoriasis circumscribed to the hypopigmented patches of incontinentia pigmenti achromians were observed in a male child.

Key words : Incontinentia pigmenti achromians, Psoriasis.

Isomorphic response or Koebner phenomenon is one of the characteristic features of psoriasis. Damage to the epidermis and also the papillary layer is necessary to evoke this reaction. In psoriasis, it may occur at sites of abrasion, bites, burns, dermatitis, herpes zoster, pityriasis rosea, lichen planus, skin tests, tattoo, vaccination, vitiligo and scars. We observed a male child who developed multiple lesions of psoriasis circumscribed to those of incontinentia pigmenti achromians.

Case Report

A 9-year-old boy, born to non-consanguinous parents, was seen in 1984 for asymptomatic, hypopigmented and depigmented, well-defined patches in linear streaks and bizzare patterns distributed bilaterally but asymmetrically on the trunk and limbs. These patches developed during the neonatal period and there was no history of preceding inflammatory lesions. Initially, the patches were depigmented and by the age of 6 most patches regained slight pigmentation and thereafter remained hypopigmented. There were no other skin lesions and all systems were clinically normal. Routine laboratory tests on blood, urine and stools were normal. Blood VDRL test was negative. Histopathological study of skin biopsy taken from the hypopigmented patch revealed scanty lymphocytic infiltration in the dermis. A clinical diagnosis of incontinentia pigmenti achromians was made and he was asked to report once in three months for follow-up. In 1986, he developed multiple, erythematous, scaly plaques on areas limited to the hypopigmented and depigmented patches (Fig. 1). The scales were loose and micaceous and Auspitz sign could be elicited easily. There were no lesions on the scalp, knees, elbows and nails. Histopathological study of the scaly plaque revealed features typical of psoriasis. Local application of 3% salicylic acid ointment for one month led to complete clearance of psoriatic lesions though the hypopigmented patches persisted. He had recurrence of psoriasis after 6 months. At this time also the lesions of psoriasis were found confined to the lesions of incontinentia pigmenti achromians.

Fig. 1. Psoriasis plaques circumscribed to the lesions of incontinentia pigmenti achromians.

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Comments

Development of multiple, bilateral, bizzare, depigmented, well-defined patches since early infancy without any preceding inflammatory skin lesions and spontaneous partial repigmentation later in the patches suggested a clinical diagnosis of incontinentia pigmenti achromians. It is well known that lesions of psoriasis may develop on pre-existing skin lesions like old scars, contact dermatitis, tattoo and burns. Our patient developed psoriatic lesions circumscribed to the lesions of incontinentia pigmenti achromians. A few cases of development of psoriasis in the patches of vitiligo have been reported previously and an inter-relationship between melanin pigmentation and psoriasis was suggested.[1,2] Sugai et al[3] reported a case of systematised epidermal nevus in which psoriatic lesions appeared on areas limited to the epidermal nevus. In our case, some of the lesions of nevus as well as psoriasis were in linear streaks. There have been some reports on linear psoriasis and these are presumably nevi with psoriatic features or linear nevi occurring in psoriatics.[4,5]

References

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