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ERYTHEMA DYSCHROMICUM PERSTANS

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A 32-year-old female developed erythema dyschromicum perstans. The lesions were predominantly located on the extremities and were stationary. The response to treatment was unsatisfactory.

Key words : Erythema dyschromicum perstans.

Erythema dyschromicum perstans, also called ashy dermatosis is characterized by dark, macular areas of pigmentation which may affect the trunk, extremities and face.[1] The disease begins with disseminated macules which by peripheral extension and coalescence form large patches with an annular or polycyclic outline.[2] It was first described in South America as dermatosis cenicienta.[3] It was later observed in the United States also,[4] mainly in people of Mexican or Mediterranean extraction. However, most patients with this disorder are Latin Americans.[2] To the best of our knowledge, the present case is the first to be reported from the Arab world.

Case Report

A 32-year-old housewife had multiple pigmented macular annular areas on the extremities for the past 2 years. The lesions were asymptomatic. Initially the areas were slightly erythematous. The lesions had appeared first on the abdomen and in a month's time, other areas had also been affected. The erythematous component had disappeared soon and only the pigmented areas remained. These had been stationery, both in size as well as in the intensity of pigmentation. The patient had apparently been in good health and had no systemic complaints.

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Examination revealed multiple, annular, light to dark brown, almost ashy in colour, areas on the extremities, abdomen and back. The lesions were most numerous on the forearms. The margins were well defined in a few, but mostly the lesions had ill defined borders and were of various sizes. The lesions did not show any erythema, atrophy and scaling. Mucous membranes, nails and hair were normal. She had been on drugs off and on during the past 2 years for minor ailments but she did not recall any association of the lesions becoming aggravated or symptomatic with any particular drug or tinned foods. Routine investigations were within normal limits. Blood for VDRL was negative.

A skin biopsy from a macular pigmented area on the forearm revealed a mild hyperkeratosis, focal spongiosis and hydropic degeneration of basal cells with incontinence of pigment leading to presence of melanophages in the upper dermis. The dermis showed minimal perivascular mononuclear cell infiltration.

Comments

The cause of erythema dyschromicum perstans is unknown. Pinkus and Mehergan[5] suspect that this dermatosis may be a response to some unidentified environmental agent. The pigmentation in erythema dyschromicum perstans is persistent. Though it has been reported to extend,[1] the lesions in our patient have been stationery and persistent. Topical hydroquinones have been of no help.

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