

PROGRESSIVE RETICULATE ZOSTERIFORM HYPERPIGMENTATION

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A 24-year-old healthy Bengali woman presented with progressive, macular tanned lesions in a zosteriform pattern located upon her right upper limb, breast and chest. The biopsy from the tanned lesion showed mild increase in the pigment in the basal layer.

Key Words: Progressive, Reticulate, Zosteriform

Introduction

The progressive cribriform and zosteriform hyperpigmentation consists of: (1) Cribriform macular pigmentation in a zosteriform distribution which are uniformly tanned; (2) Gradual extension and onset well after birth; (3) On histopathology, a mild increase in melanin pigment in the basal layer and complete absence of naevus cell; (4) Absence of any causative factor like herpes zoster, injury or inflammation; (5) No other associated cutaneous or internal abnormalities.¹ We are reporting one such case which, to the best of our knowledge, has not been reported earlier in the Indian literature.

Case Report

A healthy 24-year-old Bengali woman born to non-consanguineous parents noticed asymptomatic multiple, small, light brown spots over her right hand about two years ago. These lesions gradually spread on to her right forearm, upper arm, right breast and chest in a linear fashion. She never had any rash or eruptions or injury on these areas. No one in the family suffered from similar or any other pigmentary disorders.

Examination of skin revealed uniformly hyperpigmented, brownish macules in

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cribriform fashion in a zosteriform pattern. They were distributed over right upper limb in cervical 6 and 7 dermatomes and the chest in thoracic 2nd, 3rd, 4th, 9th and 10th dermatomes. Darier's sign was negative. There was no area of hypertrichosis. Hair, nails and mucous membranes were normal.

A biopsy showed increase in pigmentation at some places in the basal layer on H and E stain. Dermal vessels were normal. No naevus cells were seen. The pigment stained for melanin on Fontanna-Masson's stain.

Discussion

This patient developed uniform, tanned cribriform macular lesions starting from dorsum of right hand and progressing to right forearm, upper arm and right side of chest. The anatomical distribution and involvement of seven dermatomes in our case is at variance to previously reported cases in whom a single dermatome atfection was seen over the flanks and lower limbs.^{1,2}

The cases of reticulate hyperpigmentation in a zosteriform distribution have been reported only in younger age group (1.5 months to 6 years). It is a non-progressive condition and has zosteriform pattern which is generalized. Eosinophilia has also been reported in these cases.^{3,4}

Other pigmentary disorders like naevus

spilus, cafe-au-lait spots, post herpes zoster hyperpigmentation and atypical naevi were ruled out. Thus, the progressive zosteriform hyperpigmentation may involve any site and more than one dermatome over a period of time.

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