

## LETTERS TO THE EDITOR

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### LINEAR IDIOPATHIC ATROPHODERMA OF PASINI AND PIERINI

Idiopathic atrophoderma of Pasini and Pierini was named after the authors by Canizares et al in 1958<sup>1</sup> in appreciation for their outstanding contribution. It is the atrophic variant of morphoea in which atrophy sets first, sclerosis appears later and one or more patches become bluish and sharply depressed. Usually, bilaterally symmetrical patches are seen in idiopathic atrophoderma but unilateral segmental distribution is also known, though it is rare.<sup>2</sup> We saw a 32-year female with progressive dusky violaceous atrophic patches on the left side of the trunk and left arm for the last four years. Two years back, in the central and peripheral parts of a few patches, ivory white papules appeared. Mild pruritus and burning sensation were present. On examination, these lesions were violaceous atrophic patches 2 to several cm in diameter with sharp cliff-drop borders. The consistency of the skin was normal and fuzzy blood vessels as seen through the tinted glass were visible. Hair were absent over the patches and the patches were depressed 1-2 mm below the normal skin. The patches were present in a linear fashion on the left side. These extended from the medial aspect of the left forearm through the left upper arm, left axilla, left side of the trunk and to the back just below the lower edge of the scapula. A second line started from the extensor aspect of the left forearm through the left upper arm, left shoul-

der, to the left side of the neck and upper left back. On the back, in a few patches typical ivory white papules and morphoea-like changes were present. Two atrophic patches on the forearm had associated morphoeic sclerosis. Routine investigations on blood, urine and stools were normal. ESR was 33 mm. STS was negative. Biopsy showed that the epidermis was normal except hyperpigmentation and liquefactive degeneration of basal cells at a few places. In the upper dermis, melanin and red blood cells were present. In the corium, perivascular lympho-histiocytic infiltration was seen. Marked oedema of collagen with homogenisation and cleavage were present. Hair follicles were absent but sweat glands were preserved. Vasculitis of deep dermal vessels and panniculitis were also seen.

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#### References

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2. Pierini LE and Vivoti D : Atrophoderma idiopathica progressiva (Pasini), Gior Ital Dermatol et Sif, 1936; 77 : 403.