



Figure 1c: Dermoscopic image of the plaque demonstrating regularly distributed dotted vessels on a pinkish background (Dermlite DL4, $\times 10$)

examination of scales, both its color and distribution, is also important to arrive at a diagnosis. However, scales should be removed when hyperkeratotic lesions are present on the palms and soles or to visualize underlying dermoscopic features.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Biswanath Behera, Siddhartha Dash, Aparna Palit

Department of Dermatology, and Venereology, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India

Corresponding author:

Dr. Biswanath Behera,
Department of Dermatology, and Venereology, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India.
biswanathbehera61@gmail.com

References

1. Golińska J, Sar-Pomian M, Rudnicka L. Dermoscopic features of psoriasis of the skin, scalp and nails – A systematic review. *J Eur Acad Dermatol Venereol* 2019;33:648-60.
2. Knopf N, Del Pozo LJ, Martin-Santiago A, Gomez C, Escalas J. Dermoscopy, “clears” out the diagnosis: An erythematous nodule in a psoriatic patient. *J Am Acad Dermatol* 2015;72:S68-70.