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Nevoid Blaschkoid Psoriasis: A Rare Clinicopathological Diagnosis

Dr. Pavan Prasad k, Dr. N K Kansal, Dr. Riti Bhatia, department of Dermatology
Dr. Ravi Hari Phulware, department of Pathology
AIIMS RISHIKESH

INTRODUCTION

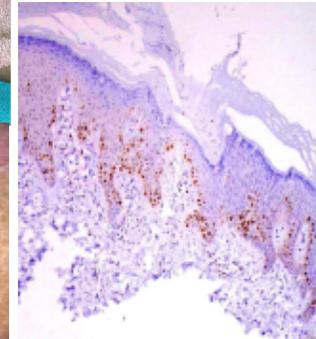
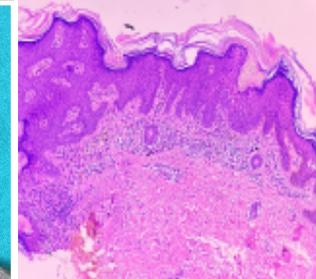
Psoriasis is a chronic inflammatory dermatosis with various clinical forms. Linear psoriasis following the lines of Blaschko, also termed nevoid Blaschkoid psoriasis, is a rare variant. We report a child with unilateral, linear, S-shaped erythematous scaly plaques distributed along Blaschko's lines.

DISCUSSION

Linear Psoriasis is a rare variant, with lesions distributed along lines of blaschko, with genetic mosaicism as a plausible explanation for the atypical distribution. one of the daughter cells can undergo homozygosity for a psoriasis gene, assuming the role of a stem cell that gives rise to a clone exhibiting linear proliferation during the embryonic development of the skin. The primary differential diagnosis for this condition is **ILVEN**, due to its close clinical and histopathologic resemblance

CASE REPORT

A 11-year-old boy with erythematous, pruritic lesions confined to the right side of the body, extending from the mid-abdomen to the foot, starting at 3 months of age. Examination revealed well-defined, erythematous, scaly plaques arranged linearly from the second toe upward to the medial ankle, leg, popliteal fossa, buttock, and thigh up to the hypogastrium, with sharp midline demarcation. **Köebner's phenomenon** seen on the right little toe, and subungual hyperkeratosis was present in the second and third toes. Dermoscopy- regular dotted vessels(circle) on a pink background with silvery-white scales.(arrow)



Histopathology revealed parakeratosis, regular acanthosis, basket-weave hyperkeratosis, mild spongiosis, elongation of rete pegs, chronic inflammatory infiltrate, and pigment incontinence. Immunohistochemistry showed increased **Ki-67** expression in lesional skin, supporting psoriasis. A diagnosis of nevoid Blaschkoid psoriasis was made.

Treatment initiated - topical corticosteroid (**clobetasol**) and oral antihistamine (levocetirizine 5 mg), leading to mild improvement. The patient was then started on oral **apremilast** (titrated to a dose of 30 mg daily) with the continuation of topical treatment. 6 weeks later, there was a significant reduction in the thickness and erythema, along with a reduction of scales; no new lesions were noted.

CONCLUSION

Nevoid Blaschkoid psoriasis is a rare but important diagnostic consideration. Clinical morphology along Blaschko's lines, histopathology, IHC markers such as Ki-67, and therapeutic response help distinguish it from ILVEN.

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