28th Annual Conference of the Dermatopathology Society of India

A CURIOUS PATTERN OF FACIAL ATROPHY IN EARLY CHILDHOOD: UNRAVELING A PROGRESSIVE DERMATOSIS

Dr. Anshu Sharma, Dr. Naveen K Kansal, Dr. Riti Bhatia, Department of Dermatology, Venereology and Leprosy, AIIMS Rishikesh
Dr. Monika, Department of Pathology, AIIMS Rishikesh.

INTRODUCTION

- Progressive localized dermatoses in children begin subtly and evolve slowly, leading to delayed clinical recognition.
- Variable and overlapping clinical patterns, especially on the face, can obscure diagnosis and result in significant cosmetic and functional morbidity.
- Histopathological examination is crucial for diagnostic confirmation, emphasizing the importance of clinicopathological correlation for early and appropriate management.

CASE REPORT

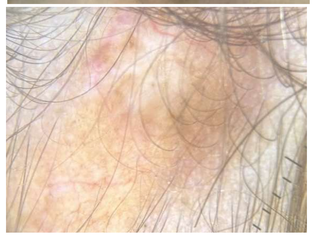
·A 5-year-old child presents with asymptomatic erythematous lesions on the face, which healed with hyperpigmentation and visible atrophy since last 3 years.

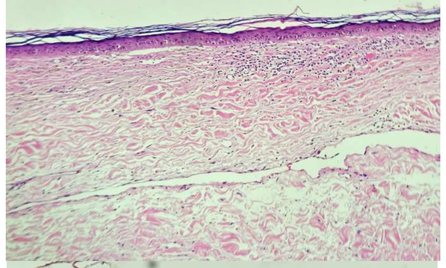
·Over the preceding 6 months, the child additionally developed progressive hair loss over the scalp and right eyebrow.

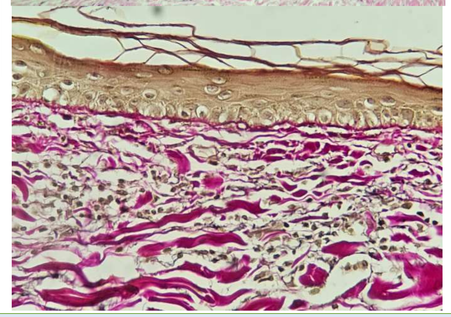
·No history of neurological symptoms, systemic complaints, or familial dermatological conditions.

·O/E - Multiple well to ill-defined erythematous to hyperpigmented atrophic plaques measuring 1 × 1 cm to 7 × 2 cm on the cheeks, nasal bridge, and forehead, extending linearly into the left frontotemporal scalp with associated localized alopecia over the scalp and right eyebrow.

·Dermoscopy - white fibrotic beams, pigmentary alteration, telangiectasia, and loss of follicular openings.







·Histopathology revealed epidermal atrophy with loss of rete ridges. The upper dermis showed a moderately dense perivascular lymphoplasmacytic infiltrate accompanied by melanin incontinence. The dermis displayed coarse, thickened collagen bundles with atrophic muscle fibers. Hair follicle and adnexal structures were absent, and no interface change was observed. The features were consistent with the diagnosis of linear morphea.

·Following this the patient was started on topical calcineurin inhibitor along with oral corticosteroid and methotrexate.

DISCUSSION

- Linear morphea is chronic autoimmune subtype of localized scleroderma, affects children; involving extremities and face
- Lacks visceral involvement but may extend to deeper tissues causing functional impairment and cosmetic deformities.
- First-line treatment is done with methotrexate and oral glucocorticoids followed by mycophenolate mofetil and phototherapy.

CONCLUSION

This case highlights the diagnostic complexity of progressive cutaneous atrophy in children and underscores the importance of integrating clinical findings, dermoscopy, and histopathology. Early recognition and timely intervention remain essential to preventing long-term sequelae.

REFERENCES

1. Careta MF, Romiti R. Localized scleroderma: clinical spectrum and therapeutic update. *An Bras Dermatol*. 2015;90(1):62–73.
2. Weibel L, Harper JI. Morphea in children. *Br J Dermatol*. 2008;159(2):301–9
3. Torrelo A, Suárez J, Colmenero I, Azorín D, Zambrano A. Linear scleroderma in children. *Pediatr Dermatol*. 2006;23(1):1–7