Atrophoderma Vermiculatum

A 10-year-old boy presented with multiple asymptomatic small pit like areas of atrophy present over the preceding 8 years. There was no history of inflammatory papules prior to the development of the scars. Family history was non-contributory. Cutaneous examination revealed bilaterally symmetrical pitted, atrophic and depressed scars in a honeycomb pattern. (***Fig.* 1**) Histopathology showed epidermal atrophy, dilated capillaries and sclerosis of dermal collagen. A diagnosis of Atrophoderma vermiculatum was made; topical tretinoin was prescribed.

Atrophoderma vermiculatum, a disorder limited to the face usually has its onset during childhood or puberty and has a slow progressive course. The underlying pathogenesis appears to be abnormal follicular hyperkeratinization. It may be associated with congenital heart block, neurofibromatosis, oligophrenia or Down syndrome. Other atrophies which simulate this are post-acne scarring (history of acne, postpubertal onset) and viral varioliform scarring (history of viral exanthem). Various topical treatments, including emollients, corticosteroids, tretinoin and keratolytics, have not shown consistent benefit.

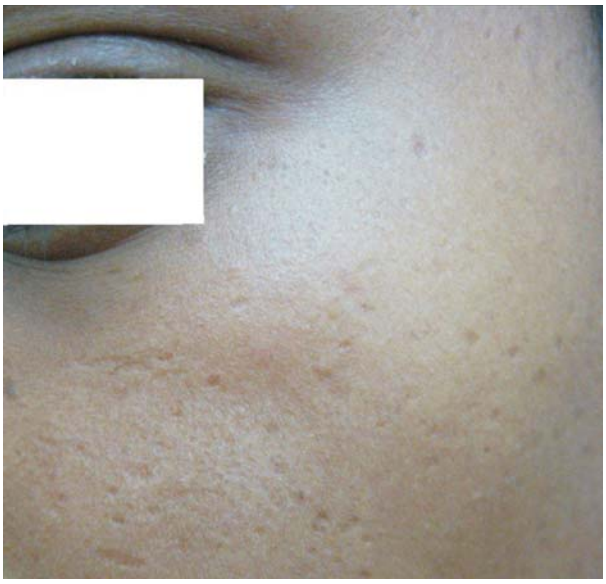

FIG. 1 *Pitted, atrophic and depressed scars in a honeycomb pattern.*

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Non-bullous Congenital Ichthyosiform Erythroderma

A 4-day-old neonate was brought with complaints of fissuring and peeling of skin involving almost the whole body. The neonate had generalized desquamation not even sparing the palms, soles and face. The parents informed that the baby was born, enclosed in a constricting parchment-like membrane (collodion baby) that had gradually come-off. There was a past history of a child born with similar presentation in the previous pregnancy. There was no history of consanguinity.

On examination, the entire body surface showed extensive fissuring and peeling of skin (***Fig.*1**). Diffuse erythema and scaling was also noted, scales being larger on the legs and finer at other places. No bullae, vesicles or quadrilateral scales could be found. There was no ectropion, eclabium or cicatricial alopecia. On histological examination, parakeratosis and perivascular neutrophilic infiltration was present. The neonate was advised symptomatic treatment with topical keratolytics and emollients.

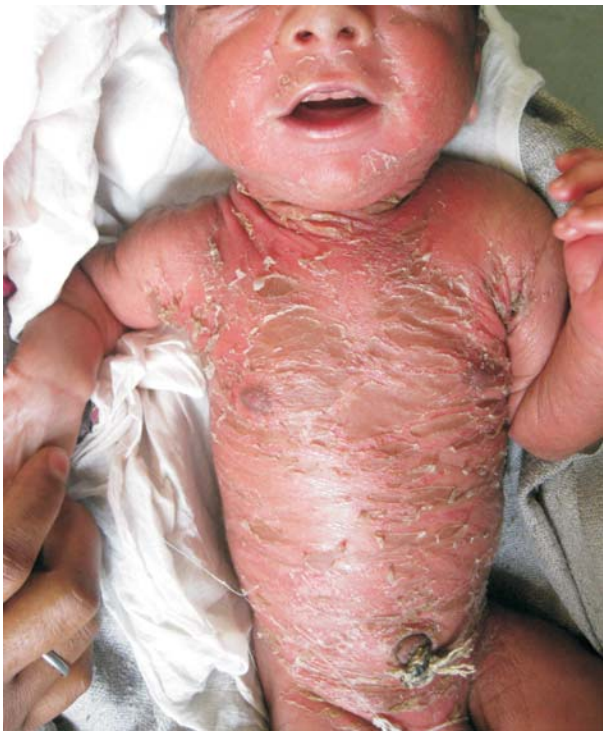

FIG. 1 *Generalized fissuring and peeling of skin.*