

Inverse Pityriasis Rosea

An 11-year-old previously healthy girl presented with an acute eruption in inguinal folds. Examination revealed a 3 cm erythematous and annular patch with peripheral collarette scaling and fine wrinkling in the center, associated with similar but smaller lesions, limited to the groins (**Fig. 1**). The rest of the physical examination, including mucous membranes and skin folds was within normal limits. Mycologic evaluation ruled out dermatophytosis. The diagnosis of pityriasis rosea was made based on the presence of a herald patch and the acute onset of lesions, despite their atypical topography.

Pityriasis rosea usually occurs in young healthy persons between the ages of 10 and 35, and is commonly located on the trunk. In children and adolescents, lesions may be concentrated in the inguinal and axillary areas, defining the inverse variety. The main differential diagnoses include fungal infections associated with intertrigo (KOH-positive annular scaling patches, growing centrifugally), atopic dermatitis (chronic relapsing and highly pruritic dermatitis with predominant flexural involvement in old children), nummular eczema (coin-shaped papulo-vesicular erythematous lesions), inverse psoriasis (erythematous, shiny, moist plaques in intertriginous areas, with no scale),



FIG.1 Inverse pityriasis rosea limited to the groins, in an 11-year-old girl.

infantile seborrheic dermatitis (ill-defined erythematous patches associated with fine pityriasisform scaling) and drug eruption (benign and self-healing eruption occurring with high-dose chemotherapy protocols). The eruption spontaneously fades within 6 weeks.

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Linear Verrucous Epidermal Nevus

A term-born male neonate presented with a linear (10 cm), verrucous, pearly white, velvety lesion extending from the right shoulder to the right cubital fossa (**Fig. 1**). A clinical diagnosis of linear verrucous epidermal nevus (LVEN) was made. There was no apparent systemic involvement. A biopsy could not be done as the parents refused consent. The nevus became darker and grey at the age of 6 wk on follow-up, and the baby was doing well.

Epidermal nevi are benign, hamartomal growths of skin, which may be present at birth or appear later. The condition is not hereditary but arises due to somatic mutations. LVEN may be isolated or present with involvement of other organ systems, mainly brain, eye and skeletal system to constitute epidermal nevus syndrome. These nevi are formed along the lines of Blaschko. The differential diagnoses include linear planus, psoriasis, lichen straitus and porokeratosis. Treatment modalities



FIG. 1 Linear verrucous lesion on right upper limb of a neonate.

include surgical excision, laser, cryotherapy and topical/intralesional glucocorticoids, with varying success rates and a high risk of recurrence.

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