

# Interhospital Dermatology Conference

## Case 16

A 64-year-old female from Bangkok

**P/I** The patient had noted a slowly growing lesion on the skin of the lower legs for 1 year.

**PHx** Unremarkable

**P/E** A healthy woman

**Skin** Few discrete, well defined, red-brown patches with purpuric spots on top size 2-4 cm. in diameter distributed on the both legs.



Fig. 16.1



Fig. 16.2

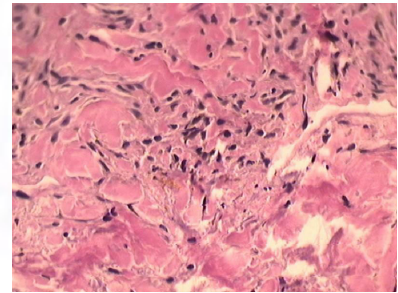


Fig. 16.3

**Histopathology** : Slide no. 41-0633A

Moderately dense perivascular lymphohistiocytic infiltrate in the papillary dermis.  
Numerous siderophages in the papillary dermis, focal parakeratosis and spongiosis.

**Diagnosis** Purpuric pigmented dermatitis (Lichen aureus)

**Presenter** Prapawan Chawvavanich, M.D.

**Consultant** Somyot Charuwichitratana, M.D.

## Reference

1. Rudolph RI. Lichen aureus. *J Am Acad Dermatol* 1983; 8: 722-24.
2. Shelley WB., Swaminathan R., Shelley ED. Lichen aureus : A hemosiderin tattoo associated with perforator vein incompetence. *J Am Acad Dermatol* 1984; 11: 260-64.
3. Reinhardt L., Wilkin JK., Tausend R. Vascular abnormalities in lichen aureus. *J Am Acad Dermatol* 1983; 8: 417-20.
4. Gelmetti C., Cerri D., Grimalt R. Lichen aureus in childhood. *J Pediatr* 1991; 8: 280-83.
5. Ratnam KV., Su WPD., Peters MS. Purpura simplex (inflammatory purpura without vasculitis): A clinicopathologic study of 174 cases. *J Am Acad Dermatol* 1991; 25: 642-47.
6. Megahed M., Schuppe HC., Holzle E., et al. Langerhans Cell Histiocytosis Masquerading as Lichen Aureus. *J Pediatr* 1991; 8: 213-16.