Case 15

A 26-year-old female from Pathumthani

Chief complaint: Slightly pruritic linear skin lesion on her left leg for 2 months **Present illness:** A 26-year-old female presented to dermatology unit with 2-month history of a slightly pruritic linear skin lesion on her left leg. The lesion began on her left thigh and gradually expanded in a linear fashion, downwards to her calf and heel. She has neither systemic symptoms nor history of drug use.

Past history: No underlying disease

Family history: No one in her family had the same problem.

Physical examination:

Skin: Multiple discrete erythematous grouped papules and vesicles on the left leg. The skin lesions formed streaks along Blaschko's lines.

Others: WNL

Fig. 15.1

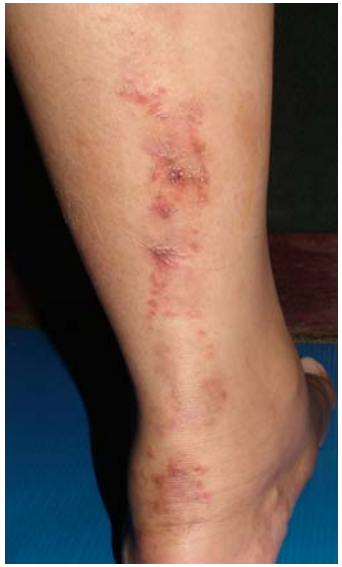

Fig. 15.2

Histopathology (S09-00643) (Fig. 15.3, 15.4)

- Mounds of parakeratosis, spongiosis and mild epidermal hyperplasia
- Superficial inflammatory infiltrate of lymphocytes and extravasated erythrocytes with mark edema in the upper dermis

Diagnosis: Adult blaschkitis

Presenter: Poonkiat Suchonwanit

Consultant: Kumutnart Chanprapaph

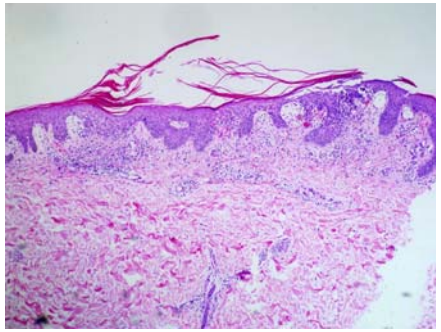

Fig. 15.3

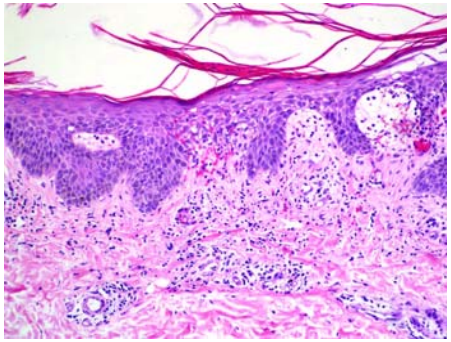

Fig. 15.4

Discussion:

Adult blaschkitis (AB) is a rare inflammatory dermatosis presenting as pruritic papules and vesicles along multiple lines of Blaschko, particularly on the trunk. It follows a relapsing course, with individual episodes resolving spontaneously within days.[1-3] Blaschkite de l'adulte and acquired relapsing self-healing Blaschko dermatitis have been suggested as alternative names for this condition.[1, 2] It was first described in 1990 by Grosshans and Marot.[1] Since then, other several case reports have followed.[2-10]

This disorder may represent an adult counterpart of lichen striatus (LS), but the histology is more eczematous and less lichenoid.[4] Despite attempts to differentiate between AB and LS, distinctions remain controversial[3] [10]. Some authors presume that they merely represent either ends of the same disease spectrum.[3] Reiter et al.[11]

believes that AB is nothing else than a variant of LS and Tomasini et al.[7] consider that the term AB is simply a new name for adult LS.

The pathogenesis of AB is still unknown. The main hypothesis, besides genetic factors[12], are acquired stimuli such as viral infection[5, 13] or a trauma which induces loss of immunotolerance resulting in a T-cell-mediated inflammatory reaction against keratinocytes. This in turns shows genetic mosaicism arranged along the lines of Blaschko.[3, 7, 9, 11] Moreover, the hypothesis of a somatic mutation of a keratinocytic clone, which could induce an autoimmune response against the host[14], similar to the graft-versus-host reaction, is also postulated.[8, 9, 11]

In conclusion, acquired inflammatory dermatosis following the lines of Blaschko, occurring in adults and resolving without any treatment, may represent LS. There still remains the difficulty in differentiating LS from AB. There are no convincing characteristics which justify creating a new name or even a new entity. In trying to unite these two entities, the term 'Blaschko linear acquired inflammatory skin eruption' (BLAISE) has been created.[6, 15]

References:

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