Skin-colored micro-papules on the cheeks and forehead

Alireza Firooz, MD [1]
Azin Ayatollahi, MD [2*]
Kambiz Kamyab Hesari, MD [3]

1. *Center for Research and Training in Skin Diseases and Leprosy, Tehran University of Medical Sciences, Tehran, Iran*
2. *Center for Research and Training in Skin Diseases and Leprosy, Tehran University of Medical Sciences, Tehran, Iran*
3. *Department of Dermatopathology, Razi Hospital, Tehran University of Medical Sciences, Tehran, Iran*

**Corresponding author:*
Azin Ayatollahi, MD
Center for Research and Training in Skin Diseases and Leprosy, Tehran University of Medical Sciences, No. 415, Taleqani Ave., Tehran, Iran
Email: azinay@gmail.com

Received: 19 April 2020
Accepted: 19 May 2020

A 28-year-old female presented with a few skin-colored tiny papules on her face. She had noticed them since two months beforehand. Except for mild pruritus, there were no other associated symptoms. She had no history of drug consumption and her past medical history was negative. Physical examination revealed small skin-colored papules on her cheeks and forehead (Figure 1). There was no hair or eyebrow loss. One of the papules on her cheek was biopsied (Figure 2).

What is your diagnosis?

Iran J Dermatol 2021; 24: 65-67

DOI: 10.22034/ijd.2020.227630.1070

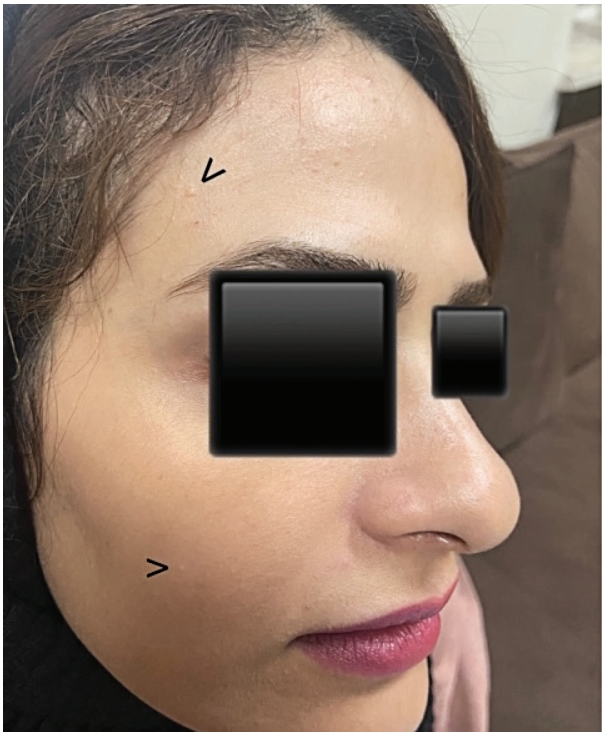

Figure 1. Small skin-colored papules on the right cheek and the forehead.

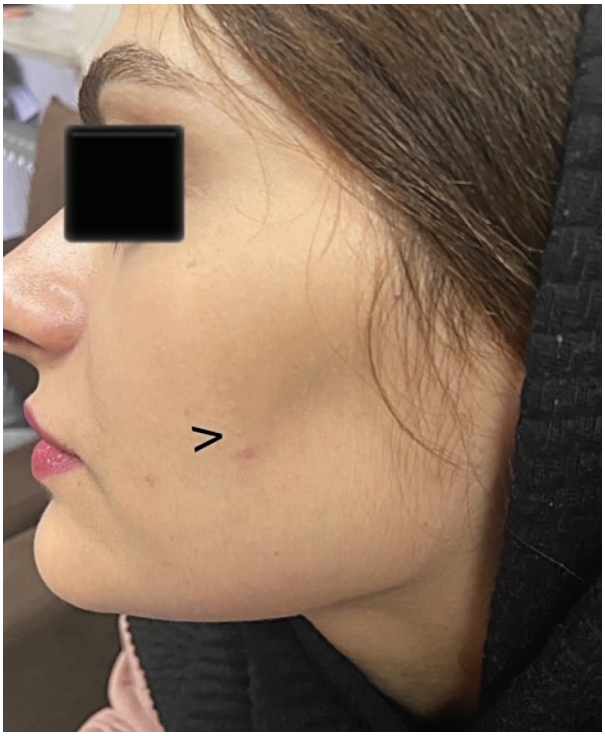

Figure 2. Small skin-colored papules on the left cheek.

HISTOLOGIC FINDINGS

Histologic examination revealed focal basal layer damage with a few Civatte bodies, mild lymphocytic exocytosis, and focal parakeratosis of a thin epidermis. There was perivascular lymphocytic infiltration with extravasated red blood cells, edema, and melanin incontinence in the upper dermis (Figures 3 and 4).

ANSWER

Lichen planus

DISCUSSION

Lichen planopilaris (LPP) affecting the facial vellus hairs in the absence of involvement of terminal hairs of other areas clinically presents as pinpoint, skin-colored papules with a decrease or absence of vellus hairs [1]. So far, except for five cases reported by Maele *et al.*, all cases of facial LPP were in association with frontal fibrosing alopecia (FFA) [2]. Our case was the sixth case of isolated facial LPP, although the patient's sister had FFA.

Among 355 patients with FFA reported by Vañó-Galván *et al.*, 49 (14%) presented with facial papules [3]. In the authors' opinion, the involvement of facial vellus hairs in FFA is supposed to be associated with a more severe form of FFA and higher disease activity [3]. So, it is recommended to follow patients with facial vellus involvement more closely to promptly identify any alterations in scalp or eyebrow hair. However, Maele *et al.* followed their patients for 1–8 years, but none of them developed FFA.

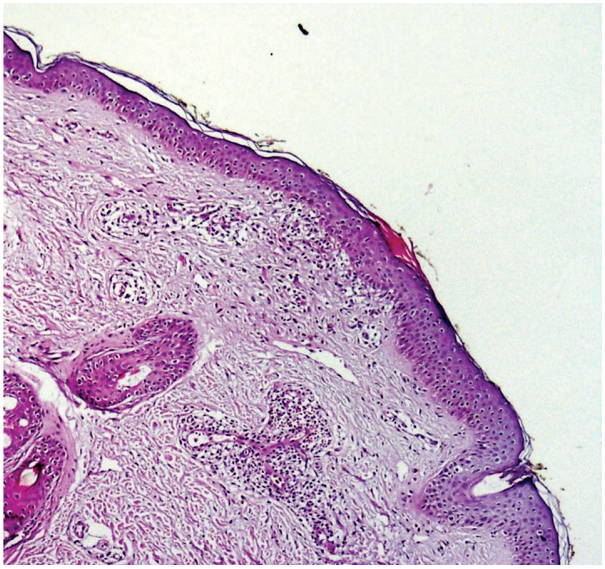

Figure 3. Focal basal layer damage with a few Civatte bodies, mild lymphocytic exocytosis, and focal parakeratosis of a thin epidermis (H&E staining, 100×).

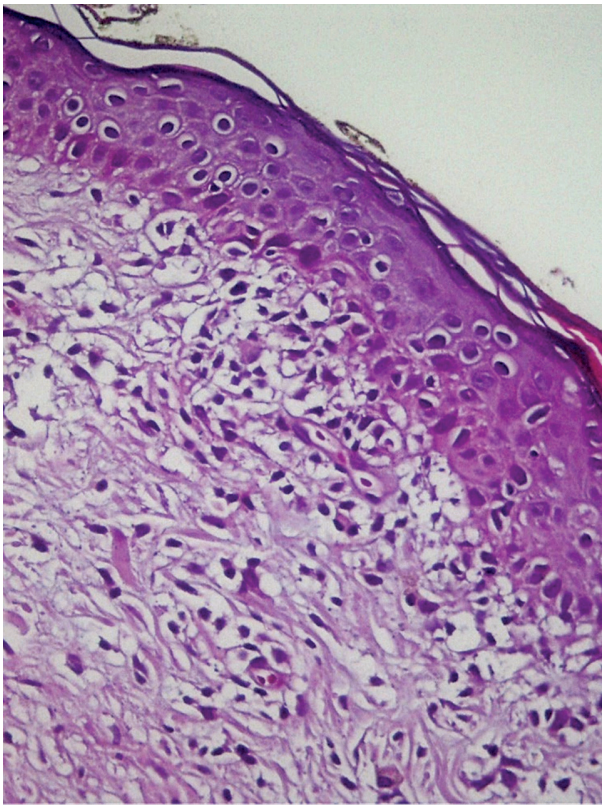

Figure 4. Perivascular lymphocytic infiltration with extravasated red blood cells, edema, and melanin incontinence in the upper dermis (H&E staining, 400×).

Recognition of facial LPP papules can be difficult and subjective. They have subtle clinical changes, particularly in the early phase of the disease. In younger patients, they are often mistaken for comedones or plane warts. In older patients, photoaging such as solar elastosis and wrinkles may hinder the diagnosis and can complicate the recognition of these small papules. A skin biopsy is often necessary for making the diagnosis, though due to the subtle histological changes, it remains difficult. Hence, making the clinicopathological correlation is important [2].

As Maele *et al.* suggested, facial vellus hair involvement might be a separate entity and might not be a part of the clinical spectrum of FFA. The young age of the patients and the absence of any

other involvement of the skin might explain this hypothesis [2].

We treated our patient with low-dose isotretinoin (20 mg twice weekly) and topical tacrolimus.

Conflict of Interest: None declared.

REFERENCES

1. Donati A, Molina L, Doche I, et al. Facial papules in frontal fibrosing alopecia: evidence of vellus follicle involvement. Arch Dermatol. 2011;147:1424–7.
2. Van de Maele B, Vossaert K, Lanssens S, et al. Facial lichen planopilaris: a separate entity or not? a case series. Int J Trichology. 2018;10(4):183-5.
3. Vañó-Galván S, Molina-Ruiz AM, Serrano-Falcón C, et al. Frontal fibrosing alopecia: a multicenter review of 355 patients. J Am Acad Dermatol. 2014;70:670–8.