

“Doc... what are these spots?”

Benjamin Barankin, MD, FRCPC

A 25-year-old female presents with dusky atrophic plaques on her trunk, which have been present for the past eight months. She has been treated with topical bleaching creams and topical steroids, but with no benefit. She is otherwise healthy and she is not taking any medications.

What is your diagnosis?

This is a case of **ATROPHODERMA OF PASINI** and **PIERINI**. This is an idiopathic, asymptomatic, benign condition resulting in atrophic skin, with sharply defined oval areas of hyperpigmentation on the trunk. The skin texture is not altered.

The etiology of these lesions is unclear and it may simply be a superficial or abortive variant of morphea (localized scleroderma); there are some studies suggesting an association with *Borrelia burgdorferi* infection.

This condition usually presents in adolescence or in early adulthood, with asymptomatic, slightly erythematous (1 cm to 8 cm) lesions on the back. Within one week to two



Figure 1. Dusky atrophic plaques on the trunk.

weeks, these lesions develop gray-brown pigmentation. Eventually, pigmentation lightens and the involved skin becomes depressed with a “cliff-like” border. At this point, the lesions often become stable.

The etiology of Atrophoderma of Pasini and Pierini is unclear and it may simply be a superficial or abortive variant of morphea.

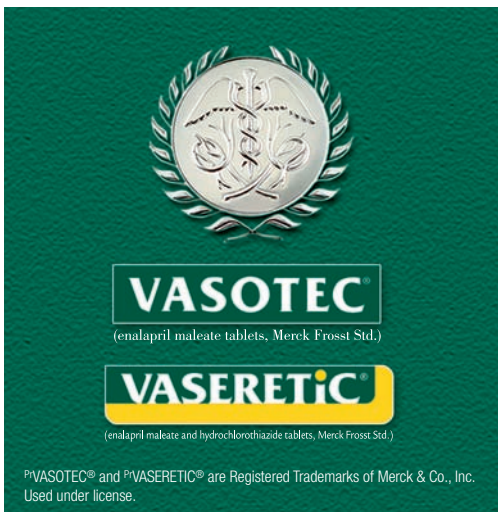
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Q-switched
Alexandrite laser
and oral antibiotics.*

No specific laboratory tests are needed and a skin biopsy is only warranted to rule out other conditions, such as post-inflammatory hyperpigmentation, morphea or anetoderma.

Treatment has been historically frustrating, although some patients seem to benefit from the use of Q-switched Alexandrite laser and oral antibiotics.

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