

NEVUS DEPIGMENTOSUS WITH COLOCALIZED LINEAR PSORIASIS.

A 3-year-old boy presented from the first months hypopigmented patches with mosaic distribution according to the Blaschko's lines on the right lower limb. Except for the hypopigmentation, the affected skin did not present other abnormalities (Fig. 1), neither alterations were present in other organs or systems, leading to the diagnosis of nevus depigmentosus. We saw again the boy at the age of 6 due to the occurrence of inflammatory lesions on the nevus. On physical examination, on the more lateral hypopigmented band of the nevus there were 7-8 round, 1-2 centimeters in size patches, with clear-cut borders (Fig. 2), erythematous with scales whitening on scratching. The lesions were not itchy or infiltrated. The family history unveiled an uncle with plaque psoriasis. The final diagnosis was **nevus depigmentosus with colocalized linear psoriasis**. We prescribed sun exposure in summer and keratolytic ointments in winter. In the following years the nevus persisted unchanged, whereas linear psoriasis underwent the typical waxing and waning seasonal course.



Fig. 1

Linear psoriasis differs from lichen striatus and epidermal nevus because it runs the typical course of plaque psoriasis. As for all the acquired inflammatory disorders arranged according to the Blaschko's lines, even for linear psoriasis we should hypothesize on the line that will present in the future the linear disease a preexisting clinically silent nevus (1), namely a mutated cell clone lacking morphologically evident lesions of the skin, the cells of which are however predisposed to be affected by psoriasis. Searching for similar cases on Pubmed and Google, we found only cases of linear psoriasis associated to epidermal but not hypopigmented nevi. We hypothesize that in our case the cells of nevus depigmentosus carry a double mutation, the first one clinically evident since birth with the phenotype of nevus depigmentosus and the second one clinically silent till favoring factors unveil psoriasis, to which these mutated cells had been also predisposed.



Fig. 2

References

- 1) Bonifazi E. - Nevi epidermici per difetto. Nevi dermici e ipodermici. Nevi clinicamente silenti. Eur. J. Pediatr. Dermatol. 12 (3), T590-T591, 2002.
- 2) Yu H.-J., Ko J.-Y., Kwon H.-M., Kim J.-S. - Linear psoriasis with porokeratotic eccrine ostial and dermal duct nevus. J. Am. Acad. dermatol. 50, S81-3, 2004.
- 3) van de Kerkhof P., Steijlen P., Happle R. - Co-occurrence of linear psoriasis and porokeratotic eccrine ostial and dermal duct nevus. Acta Dermatovenereol. 73, 311-2, 1993.