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J Clin Exp Dermatol Res 2017, 8:4 (Suppl)
DOI: 10.4172/2155-9554-C1-060

14th International Conference on

Clinical and Experimental Dermatology

June 19-20, 2017 Philadelphia, USA

Fibrous cephalic plaques in tuberous sclerosis complex

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Fibrous cephalic plaques (FCPs) prototypically develop on the forehead of patients with tuberous sclerosis complex (TSC). They constitute a major feature for the diagnosis of TSC, and may be present before other TSC-related cutaneous hamartomas. We aimed to describe the clinical characteristics of FCPs in TSC. 115 adult patients with TSC were enrolled in an observational cohort study. A retrospective analysis of medical records and skin photography was performed. FCPs were categorized per anatomic location and size. Overall, 36% (41/115) of patients had at least one FCP on the scalp, face, or neck. 61 total lesions from the 41 patients were classified according to size; 57% 1 to <5 cm, 13% ≥5 cm, and 26% unknown due to prior excision. The distribution of lesions was 35% scalp, 37% forehead, 23% face (non-forehead) and 5% neck. The lesions showed a left-sided predilection; 61% left sided versus 28% right sided and 10% midline. Of the 11 lesions that were histopathologically analyzed, most were characterized by dermal collagenosis with marked decrease of dermal elastic fibers. Only about one-third of FCPs was present on the classic location of the forehead, with the remainder split between other locations on the face or scalp. Better recognition of these lesions by clinicians may lead to earlier diagnosis of TSC.

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Two cases of lichenoid photodermatitis

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Suddenly occurring acquired hyperpigmentation on sun exposed area is often misdiagnosed as hyperpigmentary disorders due to chronic sun exposure. Lichenoid photodermatitis, a photoallergic reaction with characteristic histology showing lichenoid dermatitis, clinically appears as pigmentary dermatitis. Previous reports have noted a variety of drugs and contact allergens as causable factors. Two female patients presented with erythematous to hyperpigmented scaly patch with itchy and pricking sense on face and neck, since few weeks ago. Histopathological examinations showed vacuolar interface dermatitis with lichenoid lymphocytic infiltration. Based on clinical and histological findings, the patients were diagnosed as lichenoid photodermatitis. Personal care products or hair dyes, as suspected contributing factors, were ceased and aggravating erythema showed improvement leaving only hyperpigmentation. In the case of acquired hyperpigmentation with photodistribution, it is necessary to consider lichenoid photodermatitis.

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