

SHORT COMMUNICATIONS

Bilateral Acquired Blaschkoid Dermatitis

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INTRODUCTION

Acquired blaschkoid dermatitis (ABD) is a rare self-limited inflammatory skin disease characterized by eczematous papules and plaques that follow the embryonic migration lines of Blaschko.

CASE REPORT

A 68 year old man presented with a 3 month history of ill-defined pruritic rash on the bilateral forearms, ankles, and feet. He had no improvement using antifungals for a presumed diagnosis of tinea corporis with ID reaction. Skin biopsy demonstrated subacute spongiotic dermatitis with rare eosinophils and dyskeratosis. Patch testing to rule out allergic contact dermatitis was negative. He worsened despite systemic and topical steroid therapy and presented 2 months later with a striking non-dermatomal, linear and whorled dermatitis classic for acquired blaschkoid dermatitis (ABD) involving the bilateral upper and lower lateral extremities.

DISCUSSION

ABD was first reported as “blaschkitis” in 1990¹ and the nomenclature “acquired relapsing self-healing Blaschko dermatitis” was proposed by Megahed et al in 1994.²

The similarities between ABD and the common childhood dermatosis lichen striatus (LS) has previously cast doubt on ABD as a distinct disease entity.³ Many dermatologists now generally consider ABD and LS to be on a united spectrum of blaschkolinear disease.⁴

Recently, three cases of blaschkoid dermatoses were reported with prominent interface changes,⁵—which may be the a newly recognized manifestation of the blaschkoid disease spectrum. Unlike most dermatitis, ABD is rarely steroid-responsive and generally resolves without therapy, though protracted disease courses have been reported. Awareness of blaschkoid dermatoses in adults is necessary to distinguish between ABD and other diseases with linear morphology such as herpes zoster, linear lichen planus, or linear psoriasis. In children, blaschkoid dermatoses may also be confused with inflamed linear verrucous epidermal nevus. We here present a rare case of bilateral acquired blaschkoid dermatitis. Blaschkoid dermatoses are typically limited to 1 extremity and are almost always characterized by a unilateral

distribution. Bilateral LS has been described in several children.⁶

CONCLUSION

We here present a rare case of bilateral acquired blaschkoid dermatitis. Bilateral LS has been described in several children, but we are unaware of prior reports of bilateral ABD.

Figure 1: A 68 year old man with striking, blaschkoid, linear and whorled dermatitis on bilateral lateral upper and lower extremities.



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References:

1. Grosshans E, Marot L. *Blaschkitis in adults*. Ann Dermatol Venereol. 1990;117(1):9-15.
2. Megahed M, Reinauer S, Scharffetter-Kochanek K, et al. *Acquired relapsing self-healing Blaschko dermatitis*. J Am Acad Dermatol. 1994 Nov;31(5 Pt 2):849-52.
3. Hofer T. *Lichen striatus in adults or 'adult blaschkitis'?. There is no need for a new naming*. Dermatology. 2003;207(1):89-92.
4. Müller CS, Schmaltz R, Vogt T, et al. *Lichen striatus and blaschkitis: reappraisal of the concept of blaschkolinear dermatoses*. Br J Dermatol. 2011 Feb;164(2):257-62.
5. Suárez-Peñaranda JM, Figueroa O, Rodríguez-Blanco I, et al. *Unusual Interface Dermatoses Distributed Along Blaschko's Lines in Adult Patients*. Am J Dermatopathol. 2017 Feb;39(2):144-149.
6. Kurokawa M, Kikuchi H, Ogata K, et al. *Bilateral lichen striatus*. J Dermatol. 2004 Feb;31(2):129-32.