Dermatology Practical & Conceptual

Dermoscopy of Acquired Brachial Cutaneous Dyschromatosis (ABCD)

Noemi Plozner[1], Fulvio Antoniazzi[2], Giuseppe Stinco[1], Enzo Errichetti[1]

1 Institute of Dermatology, "Santa Maria della Misericordia" University Hospital, Udine, Italy
2 Institute of Pathology, Academic Hospital of Udine, Department of Medicine, University of Udine, Udine, Italy

Citation: Plozner N, Errichetti E, Stinco G, Antoniazzi F. Dermoscopy of Acquired Brachial Cutaneous Dyschromatosis (ABCD). *Dermatol Pract Concept*. 2024;14(4):e2024275. DOI: https://doi.org/10.5826/dpc.1404a275

Accepted: July 21, 2024; **Published:** October 2024

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding Author: Enzo Errichetti, Professor, Institute of Dermatology, "Santa Maria della Misericordia" University Hospital, Piazzale Santa Maria della Misericordia, 15. 33100-Udine, Italy. Phone: (+39) 0432559822. E-mail: enzoerri@yahoo.it

Case Presentation

A 69-year-old man with a 3-year history of several asymptomatic symmetrical light brown hyper- and hypopigmented macules confined to both forearms presented for evaluation (Figure 1A); no other significant mucocutaneous lesions were evident. Past medical history included hypertension *treated with* calcium channel blockers (felodipine). The patient denied other health problems or other medication intake. Dermoscopic assessment showed dyschromatosis with hyperpigmented (brownish) and hypopigmented structureless areas and linear vessels with reticular distribution (Figure 1B). Skin biopsy revealed minimal hyperkeratosis, epidermal atrophy and basal cell layer hyperpigmentation, dermal edema, and solar elastosis of the superficial dermis, consistent with a diagnosis of acquired brachial cutaneous dyschromatosis (ABCD).

Teaching Point

ABCD is a newly described disorder presenting with chronic asymptomatic geographic-shaped/reticular gray-brown/erythematous hypopigmented macules and/or patches of the dorsal aspect of the forearms. A possible correlation with antihypertensive medications (especially angiotensin-converting enzyme inhibitors, but also calcium channel blockers) and sun exposure damage has been hypothesized [1].

Dermoscopy examination can be helpful in assisting the diagnosis of ABCD by showing brownish structureless areas and linear vessels with reticular distribution histologically related to basal cell layer hyperpigmentation and dilated subpapillary vascular plexus visible through atrophic epidermis. Such a dermoscopic pattern may come in handy to distinguish ABCD from its clinical mimickers, as they usually show different dermoscopic features, including

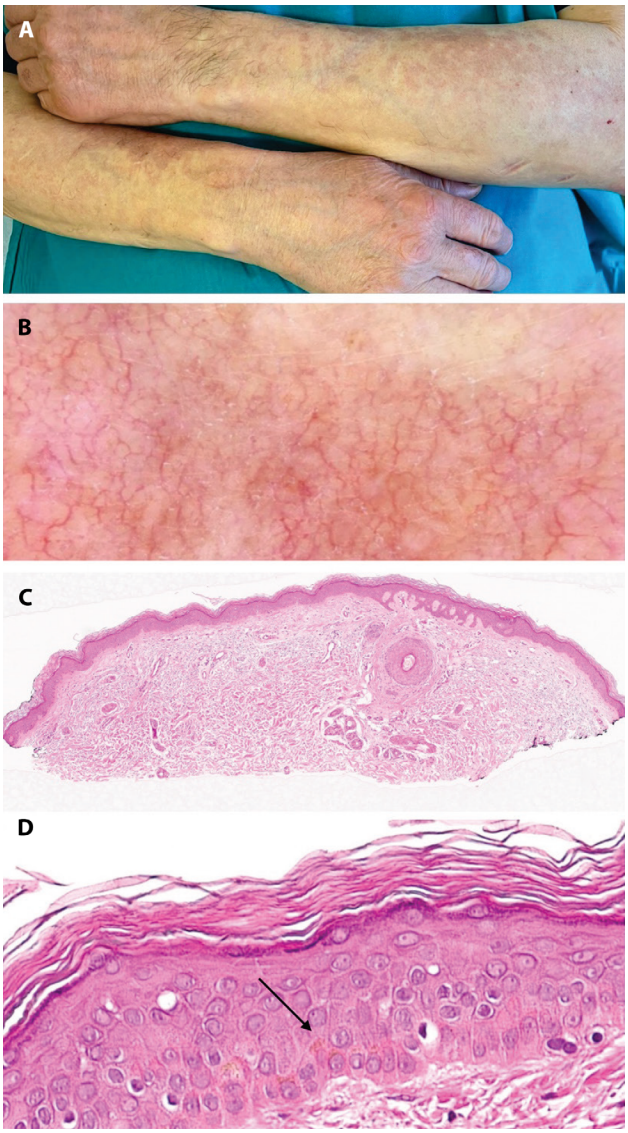

Figure 1. (A) Clinical examination shows several symmetrical light brown hyperpigmented and hypopigmented macules and telangiectasia on both the forearms. (B) Dermoscopy reveals brownish unstructured areas and linear vessels with reticular distribution. (C) Minimal hyperkeratosis, slight epidermal atrophy and basal cell layer hyperpigmentation, dermal edema, and solar elastosis of the superficial dermis is evident on histology (H&E, ×40). (D) Detail of basal cell hyperpigmentation (H&E, ×150).

extrafacial melasma, solar lentigos, macular amyloidosis, post-inflammatory hyperpigmentation, telangiectasia macularis eruptive perstans, poikiloderma of Civatte, essential progressive ascending telangiectasia, and poikilodermatous dermatomyositis [2].

References

1. Rongioletti F, Atzori L, Ferreli C. Acquired brachial cutaneous dyschromatosis. *Clin Dermatol*. 2021 Mar-Apr;39(2):199-201. DOI: 10.1016/j.clindermatol.2020.10.006. Epub 2020 Oct 16. PMID: 34272009.
2. Lallas A, Errichetti E, Ioannides D. *Dermoscopy in General Dermatology*. 1st ed. CRC Press. 2018.