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Dermoscopy sheds light on perioral lesion mimicking Herpes: An important diagnostic tool

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Introduction & Objectives:

Lymphangioma circumscriptum is a superficial lymphatic malformation characterized by clusters of translucent vesicles that resemble frog spawn soon after birth, although they can occur at any age. Dermoscopy is useful in improving the diagnosis of lymphangioma circumscriptum by identifying characteristic structures and patterns. We report a case of a patient with a perioral lesion initially diagnosed as herpes. However, thanks to the dermatoscope, the diagnosis was rectified.

Case report:

A 31-year-old woman with a niece who was treated for a venous malformation consulted us for management of a perioral lesion that had been present since childhood. She had been treated with valacyclovir on several occasions without improvement. Our examination revealed vesicles grouped in clusters with hemorrhagic content in the perioral area. Dermoscopy revealed red lacunae and a hypopyon aspect, leading to the diagnosis of perioral microcystic lymphangioma. We decided to treat her with a vascular laser.

Discussion:

Diagnosing lymphangioma circumscriptum is typically straightforward based on its clinical appearance and behavior. Occasionally, solitary lesions or atypical appearances may be present. The differential diagnoses for lymphangioma circumscriptum include haemangiomas, angiokeratomas, pyogenic granulomas, angiosarcomas, cutaneous metastases, warts, and molluscum contagiosum. Dermoscopy can help in making the correct diagnosis, and the most common dermoscopic features include lacunae, vascular structures, white lines, and the hypopyon sign. Lacunae are multiple, clustered, well-demarcated, yellowish, reddish, or dark-colored structures with a round to oval shape. In some cases, the hypopyon sign is observed, which is a two-tone lacuna or a color transition from dark (at the bottom) to light (at the upper part) in the same lacuna. This phenomenon is due to the sedimentation of blood in the dilated lymphatic channels. Micro-shunts between small blood vessels and lymphatic channels may be responsible for the extravasation of erythrocytes into the dilated lymphatics. All of these dermoscopic signs helped us to orientate the diagnosis of our patient and to stop taking chronic antiviral drugs. This allowed us to provide appropriate treatment with vascular laser.

Conclusion:

The hypopyon sign and lacunae are highly characteristic of lymphangioma circumscriptum, which highlights the importance of a thorough dermoscopic examination in cases of chronic lesions that are resistant to typical treatments. It is essential not to consider any peribuccal lesion consisting of vesicles as a simple herpes.