Whites Science
A Scientific Erudition

Rosettes within Lupus

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ABSTRACT

A 32-year-old man presented in a dermatology consultation for asymptomatic erythematous lesions that had appeared 3 months before, the dermatological examination showed the presence of slightly squamous erythematous patches pigmented on the right cheek and nose, dermoscopy revealed telangiectasia, horny plugs, and rosettes and structure-less white and brown areas. Histopathology confirmed the diagnosis of discoid lupus erythematosus (DLE) The patient was put under hydroxychloroquine and optimal photo protection with a complete regression without recurrence after 2 years of follow-up. We reported the presence of larges rosettes as a dermoscopic sign of DLE, explaining its histological significance

Key words: Lupus, Rosettes, Dermoscopy, Perifollicularfibrosis, Case report

CASE REPORT

A 32-year-old man presented in a dermatology consultation for asymptomatic erythematous lesions that had appeared 3 months before, he had no notable pathological antecedents, and he was a professional welder, the dermatological examination showed the presence of slightly squamous erythematous patches pigmented by location on the right cheek and nose (Figure 1), dermoscopy revealed telangiectasia, horny plugs, and rosettes and structure-less white and brown areas [Figure 2, 3]. Histopathology confirmed the diagnosis of discoid lupus erythematosus (DLE).

The patient has benefited from a systematization record of income without particularity, then was put under hydroxychloroquine and optimal photoprotection with a complete regression without recurrence after 2 years of follow-up.

DISCUSSION

The rosette is a dermoscopic sign observed only under polarized light [1] consisting of four bright white blood cells arranged symmetrically in a square, giving the appearance of a four-leaf clover [2] Their size varies from 0.2 mm to 0.5 mm and they can be oriented according to the same angles or in different angulations [3]. Initially considered specific to actinic keratosis and squamous cell carcinoma, rosettes are now described in many pathologies [1].

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The histological correlation has shown that the interpretation of rosettes depends on their size. The small ones correspond to intra-follicular keratin, whereas the large rosettes correspond to perifollicular fibrosis [2].

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In discoid lupus erythematosus, the most frequently observed dromoscopic criteria are : Perifollicular whitish halo, follicular keratotic plugs and telangiectasias were that we also objectified [4]. Rosettes in DLE have been recently described in literature [5, 6].

In the 3 cases presented by Balachandra et al, the angle of orientation of the rosettes was in the same plane. The rosettes were of the same size and shape in all three cases.

The presence of rosettes in the DLE and mainly in the early phase is explained by the predominance of the infiltrate around the hair follicles not yet destroyed by fibrosis [7].

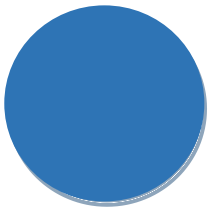

Figure 1: Slightly squamous erythematous patches pigmented on the right cheek and nose.

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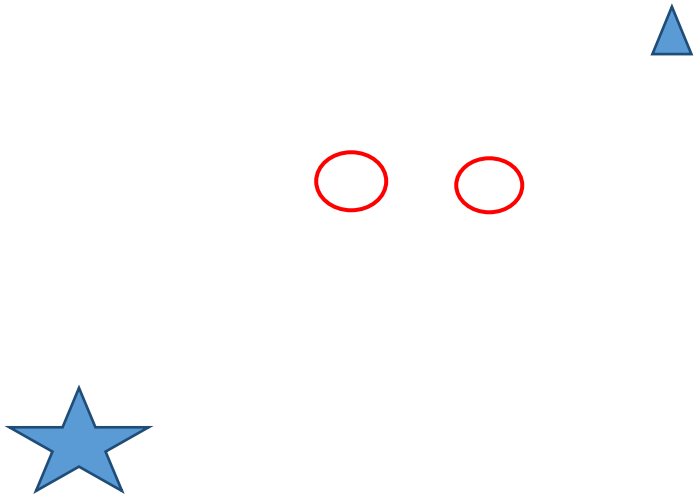

Figure 2: Dermosoctic image showing : rosettes (red circles), telangiectasia (triangle), pigmented areas t structure-less (star)

CONSLUSION

This report proves that white rosettes are not specific dermoscopic patterns to any particular condition. They are the result of the optical effect of crossed polarization in the follicular and perifollicular structures.

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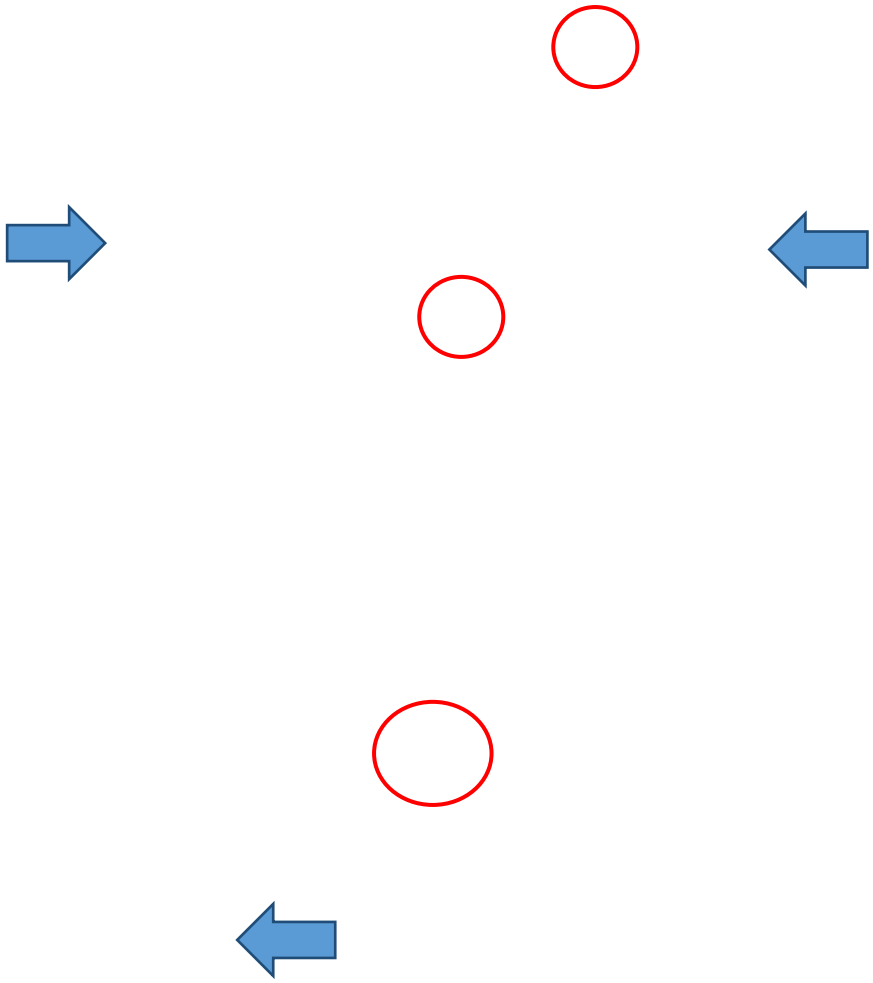

Figure 3: Image showing : Rosettes (redcircles), Horny plugs (Arrow)

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