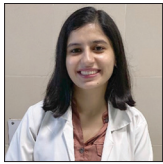


Images/Instrument in Dermatology/Dermatosurgery

Dowling-degos disease

Kajal Aggarwal¹, Ankita Tuknayat¹, Gurvinder Pal Thami¹

¹Department of Dermatology, Venereology and Leprosy, Government Medical College and Hospital, Chandigarh, India.



***Corresponding author:**

Ankita Tuknayat,
Department of Dermatology,
Venereology and Leprosy,
Government Medical College
and Hospital, Chandigarh,
India.

anku.tuknayat@gmail.com

Received : 13 July 2022

Accepted : 04 August 2022

Published : 25 August 2022

DOI

10.25259/CSDM_68_2022

Quick Response Code:



A 30-year-old female presented with asymptomatic and brown colored skin lesions over the body for the past 8 years. On examination, there was symmetrical involvement of the neck, flexures [Figure 1a] and trunk in the form of multiple, and brown macules arranged in a reticulated pattern. Along with this, she also had perioral pits [Figure 1b] and few keratotic papules in groin [Figure 1c]. There was no history of similar lesions in the family. Histopathological examination showed filiform downgrowth with papillomatosis and increased pigmentation in the basal layer [Figure 2a], highlighted on Masson Fontana stain [Figure 2b]. Based on these typical clinical and histopathological findings, a diagnosis of Dowling-degos was made.

Dowling-degos disease is a rare genodermatosis with an autosomal dominant inheritance. Common differential diagnosis includes other disorders of reticulate pigmentation such as Reticulate acropigmentation of Kitamura (acral pigmentation, lesional atrophy, and palmar pits), Galli-Galli disease (suprabasal dyskeratotic acantholysis), and Haber syndrome (erythema and telangiectasias on the face, and verrucous papules on the trunk).

There is no definitive treatment available for reticulate pigmentation disorders till date. Topical steroids, hydroquinone, retinoic acids, azelaic acid, and systemic retinoids have been used without



Figure 1: (a) Reticulate pigmentation of axilla, (b) Perioral pits, (c) Reticulate pigmentation of groin and Keratotic papules.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2022 Published by Scientific Scholar on behalf of CosmoDerma

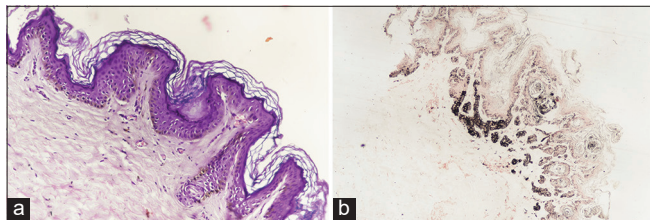


Figure 2: (a) HPE: (On H&E $\times 200$) Epidermis shows filiform downgrowth with papillomatosis and increased pigmentation in the basal layer. Dermis shows minimal periadenexal lymphomononuclear infiltrate. (b) Masson Fontana stained basal layer pigmentation ($\times 100$).

definitive success. Among lasers-fractional CO₂ or Er: Yag laser has shown some efficacy in the previous case reports.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

How to cite this article: Aggarwal K, Tuknayat A, Thami GP. Dowling-degos disease. *CosmoDerma* 2022;2:64.