

Images/Instrument in Dermatology/Dermatosurgery

Lichenoid pseudovesicular papular eruption on nose

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A 36 year old female presented with multiple asymptomatic tiny and skin colored raised lesions over nose for 1 month. There was no history of hyperhidrosis, photosensitivity, facial flushing, aggravation to heat and application of irritants. On cutaneous examination, there were multiple grouped skin colored, translucent, shiny and pseudovesicular pinhead sized papules involving tip and bridge of nose [Figure 1]. Dermoscopy showed multiple red clods, white dots, and brown dots [Figure 2]. Biopsy could not be performed as patient did not give consent. Based on the literature available, our case fits the classical description of lichenoid pseudovesicular papular eruption on nose (LIPEN). Not much literature is available regarding dermoscopy but dermoscopic findings in this case were similar to previously reported cases. Almost complete resolution was reported after 3 weeks of treatment with topical calcineurin inhibitors [Figure 3].

LIPEN is a newly described entity which can be kept as a differential diagnosis of various facial papular disorders such as papular rosacea, sarcoidosis, Jessner's lymphocytic infiltrate, granulomatous facial dermatitis, lichen planus, acne agminata, actinic lichen nitidus (plane topped, skin colored to hypopigmented papules, and koebnerization may be present),



Figure 1: Multiple grouped, tiny, and monomorphic pseudovesicular papules over nose.

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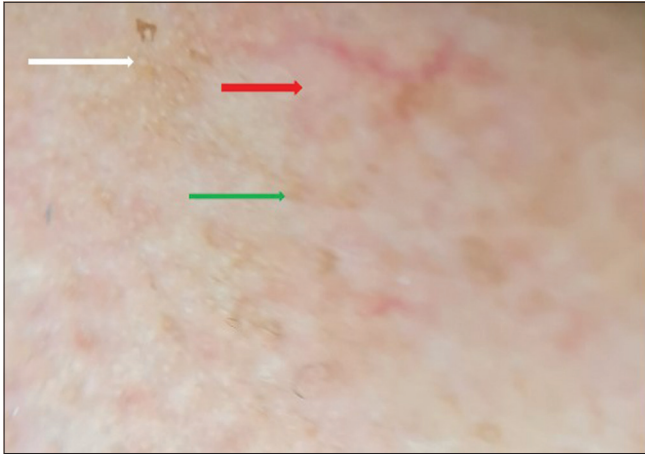


Figure 2: Dermoscopy (ILLUCO IDS 1100, $\times 10$, polarized) showing red clustered clods (red arrow), white dots (white arrow) and focal brown dots (green arrow) corresponding to lymphohistiocytic infiltrate, eccrine openings and pigment incontinence at dermoepidermal junction respectively.

eccrine hydrocystoma, granulosis rubra nasi (associated hyperhidrosis and background erythema) and polymorphous light eruption.

It clinically presents as multiple tiny, pseudovesicular, monomorphic, micropapular, skin colored and translucent papules predominantly over nose and cheeks of young to middle-aged individuals. The lesions on histopathological examination show focal vacuolar degeneration of basal cell layer, pigment incontinence, colloid bodies, and lymphohistiocytic infiltrate. Not much literature is available regarding definitive treatment of LIPEN but most patients have reported near to complete resolution with topical calcineurin inhibitors.



Figure 3: Image showing almost complete resolution of lesions after 3 weeks of once daily application of topical 0.1% tacrolimus.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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