

Visual Treats in Dermatology

Orolabial scarring lesion with sharp margin

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A 62-year-old female presented with a 10-year history of a painful raised lesion over the upper lip. Although asymptomatic initially, there was a gradual increase in size, involving the mouth, and oral mucosa. She complained of pain, more while chewing, with occasional itching, and restricted mouth opening due to the involvement of the angle of the mouth. She did not have any features suggestive of connective tissue disorder or any other lesions elsewhere.

Clinical examination revealed a well-defined skin-colored plaque of size 5 × 3 cm with an elevated ridge-like border and with areas of depigmentation over the upper lip, involving the adjacent oral mucosa, obscuring the vermillion border, and extending to the mouth [Figure 1]. The rest of the cutaneous examination was unremarkable. Dermoscopy revealed the characteristic tram track border suggestive of prokeratosis [Figure 2]. Orolabial or mucosal



Figure 1: A solitary plaque involving the upper lip and oral mucosa with peripheral well-defined raised borders.

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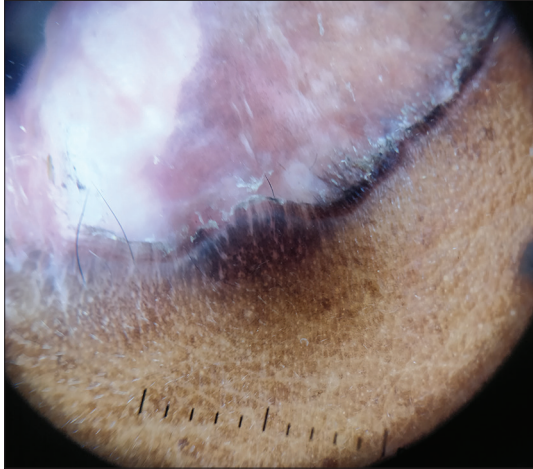


Figure 2: Dermoscopy (Dermlite DL4, ×10 magnification, Polarized mode) showing tram track border.

porokeratosis is a rare presentation and can occur as part of the disseminated type or solitary type of Mibelli. Dermoscopy can aid in the diagnosis with a characteristic volcanic crater or double track appearance of porokeratosis. The oral variant tends to be more symptomatic and difficult

to treat but needs early diagnosis and treatment due to the risk of malignancy.^[1]

Declaration of patient consent

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

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Conflicts of interest

There are no conflicts of interest.

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