Atrophia Maculosa Varioliformis Cutis

Sir,

Atrophia maculosa varioliformis cutis (AMWC) was first described in 1918 as an entity in which spontaneous atrophic scars develop on the cheeks of a young adult (1). Since then, only seven cases have been reported (2). We describe such a case in a 15-year-old Japanese girl.

CASE REPORT

A 15-year-old Japanese girl visited our hospital bacause of unusual facial scarring. The patient had first noticed some scars on her cheeks a few years earlier, and many new similar scars had gradually developed on the cheeks. She denied any trauma or preceding inflammation of the face. Family history for a similar disorder was negative.

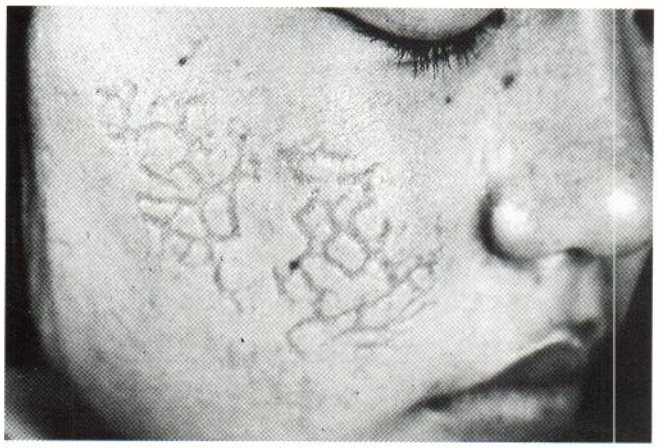

Fig. 1. Reticulated atrophic scars on the patient's right cheek.

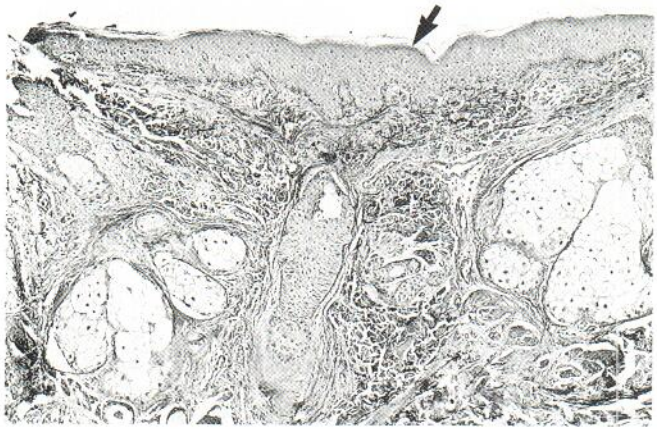

Fig. 2. Van Gieson stain shows a slight decrease in the number of elastic fibers in the mid-dermis. (*Arrow* shows the margin of the depressed lesion.)

Skin examination showed a symmetric distribution of a number of linear depressed lesions, producing a reticulated appearance on her cheeks (Fig. 1). The depressed sites were approximately 3 mm wide, and the margin of these changes was very sharply defined from the surrounding normal skin.

A biopsy specimen of a linear lesion showed only a slight depression of the epidermis. There was no evidence of perivascular or perifollicular inflammation or sclerosis of dermal collagen. Elastic tissue stain (Verhoeff van Gieson stain) revealed a slight decrease in elastic fibers in mid-dermis beneath the epidermal depression (Fig. 2).

DISCUSSION

AMVC is a very rare condition, in which shallow scars occur spontaneously on the cheeks in young adults without evidence of any preceding inflammation. The etiology of AMVC is unknown. Although Marks & Miller believed that AMVC should be included in the list of the conditions with a decrease in dermal collagen, the biopsy specimen revealed only a depression in the epidermis (3). As noted in our patient, the dermis is relatively normal with a slightly decreased number of elastic fibers in the mid-dermis. In the literature, Steven et al. are the only authors who postulated a slight decrase in elastic fibers beneath the epidermal depression (2).

The differential diagnosis includes atrophoderma vermiculata and scars related to dermatitis artefacta. Atropoderma vermiculata is now regarded as a part of keratosis pilaris syndrome. In this disease, the atrophic changes develop as multiple, fine, atrophic pits on the cheeks in early stage, producing honeycomb or reticulated scars. Histologically, this conditon reveals numerous dilated hyperkeratoris follicles or dermal cysts (4). Our patient had neither psycological disorders nor mental illness, and histology failed to show dermal fibrosis, characteristic of scars. Therefore, a diagnosis of dermatitis artefacta seemed inappropriate.

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