

Linear Atrophoderma of Moulin

Sir,

Linear atrophoderma (LA) is an acquired, pigmented and atrophic dermatosis, originally reported by Moulin et al. in 1992 (1). It occurs in linear bands, following Blaschko's lines, without preceding inflammation or subsequent sclero-dermatous changes.

To our knowledge, it has only been reported in the original clinical series (1) and in two single case reports (2, 3). We here present another patient with this disorder.

CASE REPORT

In 1992, a 12-year-old girl was seen with asymptomatic, hyperpigmented macules in a linear pattern, which had started on the dorsal aspect of her right hand and which had then spread gradually on the whole upper limb. Approximately 6 months later a few arcuated pigmentary bands had developed on the right side of the back. No prior inflammatory changes had been observed in the involved skin. There was no family history of pigmentary disorders.

The girl was seen again in July 1993, when the skin lesions had stabilized. Physical examination revealed multiple, hyperpigmented, linear bands, involving the right arm and the mid portion of the right back, near the posterior midline. The macules were light brown in colour and followed the Blaschko's lines. On the arm, several bands showed a moderate atrophy (Fig. 1). No area of induration was palpable. The lesions were asymptomatic and only caused cosmetic discomfort.

A skin biopsy showed a normal-appearing epidermis with moderate, diffuse hyperpigmentation in the basal layer. In the dermis, there was no inflammation, no pigmentary incontinence and no alteration of the connective and elastic tissues. All routine laboratory values were normal, and no immunological abnormality was evident. The disease was perfectly stabilized, and during a 3-year observation period it has remained unmodified.

DISCUSSION

Hyperpigmentation reflects a moderate increase of melanin in the epidermal basal layer, without pigmentary incontinence, while the skin atrophy is usually slight and seems not be due to true dermal hypoplasia (1). After a complete development, the lesions remain fixed and unmodified indefinitely. No treatment is available and camouflage cosmetics may be useful (2, 3).

Differential diagnosis includes a wide group of congenital and acquired dermatoses, which follow Blaschko's lines. In most of the cases LA can easily be distinguished on the basis of clinical and histopathological findings.

The disease may have clinical similarities to linear and whorled naevoid hypermelanosis (4). However, the late onset, the unilateral distribution and the association of atrophy and hyperpigmentation may allow a correct diagnosis of LA (1).



Fig. 1. Linear atrophoderma on the arm with several bands showing a moderate atrophy.

REFERENCES

1. Moulin G, Hill MP, Guillaud V, Barrut D, Chevallier J, Thomas L. Bandes pigmentées atrophiques acquises suivant les lignes de Blaschko. *Ann Dermatol Venerol* 1992; 119.
2. Baumann L, Happle R, Plewig G, Schirren CG. Atrophoderma linearis Moulin. *Hautarzt* 1994; 45: 231–236.
3. Wollenberg A, Baumann L, Plewig G. Linear atrophoderma of Moulin: a disease which follows Blaschko's lines. *Br J Dermatol* 1996; 135: 277–279.
4. Kalter C, Griffiths W, Atherton D. Linear and whorled nevoid hypermelanosis. *J Am Acad Dermatol* 1988; 19: 1037–1044.

Accepted May 12, 1997.

Roberto Cecchi and Andrea Giomi
Department of Dermatology, Spedali Riuniti, Viale Matteotti 1,
I-51100 Pistoia, Italy.