Clinical Image

New dermoscopic features of Hailey-Hailey disease

Ouiame El Jouari1, Hanane Baybay1, Giuseppe Argenziano2, Ghita Senhaji1, Sara Elloudi1, Fatima Zahra Mernissi1

1Department of Dermatology, University Hospital Hassan II, Fez, Morocco
2Dermatology Unit, University of Campania, Naples, Italy

Received: 15 May 2019 / Accepted: 04 June 2019

Clinical Presentation

A 32-year-old man, a 35-year-old woman, and 37-year-old man presented an 8-, 4-, and 3-year history, respectively, of oozing erythematous-squamous plaques of the folds. Clinical evaluation revealed the presence of multiple erythematous plaques with yellowish crusts on the neck in the first patient (Figure 1A), erosive erythematous plaques in the neck and armpits in the second (Figure 2A) and third (Figure 3A).

Dermoscopic Appearance

Multiple lesions were examined in three patients revealing the same aspect, namely the presence of white and pink areas (Figure 1B). Although some other lesions were typified by incomplete honeycomb pattern (Figure 2B) or cloud pattern with pink furrows (Figure 3B).

Histopathologic Examination

Skin biopsy specimen from three patients showed suprabasal and intraepidermal acantholysis resembling a ‘dilapidated brick wall’ (Figure 2C), acanthosis, and occasionally dyskeratosis (Figure 1C and Figure 3C), in favor of Hailey-Hailey disease.

Figure 1. Hailey-Hailey disease, patient 1. Erythematous plaques with yellowish crusts on the neck (A) Dermoscopy showing white and pink areas with yellowish crusts (B) Histopathology showing acantholytic cells and inflammatory cells (C).
Figure 2. Hailey-Hailey disease, patient 2. Erosive erythematous plaques on the neck (A) Dermoscopy showing incomplete honeycomb pattern (B) Histopathology showing acantholysis with epidermal disorganization (C).

Figure 3. Hailey-Hailey disease, patient 3. Erosive erythematous plaques on the armpits (A) Dermoscopy showing a cloud pattern with pink furrows (B) Histopathology showing clefts filled with inflammatory and acantholytic cells (C).

Conclusion
In our patients, we have revealed different dermoscopic findings which differ according to the clinical presentation, incomplete honeycomb pattern, cloud pattern with pink furrows in advanced form, and combination of white and pink areas in the early form. Correlated to histologic features by analogy to findings seen in reflectance confocal microscopy [1], the incomplete honeycomb pattern corresponds to the acantholysis with epidermal disorganization and the cloud pattern with pink furrows to clefts filled with inflammatory and acantholytic cells. The white and pink areas reflect the acantholytic cells and inflammatory cells, respectively. Dermoscopy may be useful to diagnose and to rule out other acantholytic dermatoses [2]. Mainly, these features have never been described in another acantholytic disorder.

Conflict of interest
The authors declare no conflict of interest.

Funding
The authors declare no financial support.

References