DERMATOSCOPIC PAINTING SOME COMMONDERMATOSES

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Abstract: Dermoscopy, being valuable non-invasive diagnostic method For early identifying melanoma And differential diagnostics others pigmented formations of the skin, is increasingly used in the diagnosis and differential diagnostics row common dermatoses. Available separate publications O dermoscopic features parasitic And viral dermatoses, psoriasis, lichen planus, certain precancerous skin diseases, Kaposi's sarcoma, various clinical options purpura, urticarial vasculitis And hives, rosacea and seborrheic dermatitis. Knowledge of the features of the dermoscopic picture data dermatoses Maybe turn out to be important additional argument at differential diagnostics named dermatoses V dubious cases.

Keywords: scabies, pediculosis, treatment

Introduction: The first dermatoscopy study of 70 patients with scabies was performedArgenziano et al., which using epiluminescent microscope With increase 40s,V 93% cases discovered small trihedral dark brown structure, located at the end of a yellowish scaly linear segment. Both structures reminded airplane co next inversions. At microscopic research the triangular structure corresponded to the pigmented anterior part of the tick (part mouth apparatus and two front pairs of legs), the round body was translucent [1,2]. More high increase at video dermatoscopy (before 600x) allows identify scabies, mites, excrement and eggs [3]. Life cycle scabies tick S. scabiei is divided on two topically disunited period: reproductive and metamorphic. reproductive period proceeds in scabies course, Where female postpones eggs, A metamorphic, those. development from larvae before an adult tick

- in vesicles, papules and in externally unchanged skin [4]. According to T.V. Malyarchuk (2010) probability detection pathogen at dermatoscopy V intact scabies moves is 97% V follicular papules on torso And extremities - 21%, vesicles on the hands - 32% [5]. It follows from this that the search for a tick in papules And vesicles With help dermatoscope inefficient. Usage method photodermatoscopy For diagnostics scabies allowed discover, What Part femalesis located in itch passages filled with liquid (passages of type I), and some are in "dry" (moves of type II). [5]. These moves differed in several ways. "Dry" moves located superficially, V 80% cases V such moves were motionless females, incapacitated To laying eggs, in 89.7% there were no eggs, in 75.9% - absent holes V roof For exit larvae. "Wet" moves lie much deeper. Practically All females, retrieved from them, were active holes V roof such moves discovered V 96.9% cases A themselves moves were filled with eggs on various stages of embryogenesis. These data helps understand mechanism postscabious itching which V most cases conditioned sensitization to a dead pathogen, but in some cases may be due to sensitization by products of a living pathogen in "dry" passages (with morphologicalthe retrieved females were found to be infertile). No hole for exit of larvae in the roof of the passages limited access drug in scabies move. IN given case repeated treatment scabicide conduct Not necessary, female herself will die. Detection at dermatoscopy "wet" moves With holes V roof after carried out acaricidal therapy speaks O wrong carried out therapy or resistance ticks To scabicides. IN this case necessary additional treatment.

Several studies have confirmed the effectiveness of dermatoscopy in the diagnosis scabies [3,6,7]. Study, comparing dermoscopic diagnosis scabies(standard 10x magnification) with traditional skin scraping in 238 patients showed that dermatoscopy has a high diagnostic sensitivity, as well as the method scraping (91% against 90% respectively). [8].

Pediculosis .

The diagnosis of head lice is based on the detection Pediculus humanus capitis and her nits. The search for head lice with a dermatoscope is laborious, because they move fast and avoid Sveta, That's why more often are found only nits. [9]. Diagnosis pubic pediculosis is based on the detection of Phthirus pubis attached to two adjacent pubic hair or hair on others places (at children Maybe isolated defeat eyebrows And eyelashes- phthiriasis palpebrum) And their nits. [10]. Video dermatoscopy allows differentiation of complete nits (contains live nymphs, visible How ovoid, brown structures With convex extremity) from empty nits (translucent, By form remind airplane, have free splitbase), What helps define failure or success treatment. [9,11]. WITH help video dermatoscopy Can differentiate nits from scales various origin (pseudognid: scales with seborrheic dermatitis, hairspray residue, cylinders hair), which appear How amorphous whitish structures. [eleven].

Demodicosis .

Disease called two types ticks kind demodex: follicular demodex (dwells V hair follicles) And short demodex (dwells V sebaceous glands). In 2010, a study was conducted with 72 human With various rashes on face, among which was 55 sick demodicosis (proven method microscopy). [12]. At 54 patients from 72 dermoscopic examination gave a specific picture, consisting of two signs.

First dermoscopic sign - demodectic "tails" which visualized How cream gelatinous triads, protruding from follicular openings. This sign is very specific because it proves immediate Availability tick (increase 10x). Most often demodectic

"tails" were discovered at such diseases How spiny lichen And follicular pityriasis.

Second dermoscopic feature demodicosis were extended follicular openings containing round amorphous grayish/light brown traffic jams. They most often met V inflammatory options demodicosis (rosacea-like, papular, pustular forms), V my queue "tails" discovered much less often. At patients With inflammatory option demodicosis were also revealed reticular horizontal dilated blood vessels. At 52 patients from 54 microscopically revealed ticks, What speaks O high efficiency dermatoscopy in diagnostics demodicosis.

Viral disease

Contagious clam .

Molluscum contagiosum is a viral infection of the epidermis, which morphologically manifests as raised, skin-colored or pearl-colored papules with an umbilical depression center. The diagnosis of molluscum contagiosum is relatively easy to make clinically.way in children who get sick with it much more often. Since the present time is often meet disseminated forms contagious clam With papules size about 1 mm, then molluscum contagiosum may resemble other skin tumors, especially at adults. [13]. IN these cases dermatoscopy provides additional information.

Dermatoscopically contagious clam shows characteristic structure, consisting of a polyglobular white-yellow amorphous substance in the center of the papule with environmental her crown linear vessels. IN some cases observed curvilinear vessels that form a peripheral, reddish, ring structure, surrounding amorphous substance V center. Rarely meet branched vessels (never cross the center of the lobules), comma-shaped vessels, punctate vessels, red globules. [2,14,15].

Warts - benign epidermal proliferation, caused various virus strains papillomas person.

A). **flat warts** : dermoscopic sign are regularlydistributed tiny red dots on a light brown background. red dots histologically consistent with dilated apices of capillaries in papillae dermis. This structure is formed as a result of the local production of nitric oxide by the virus. papillomas human With subsequent dilation loops capillaries, located perpendicular to the skin. [2].

B). **Simple warts** : dermatoscopically look How tight packed tubercles, each containing a central red dot or loop that surrounded by a white halo (this combination resembles frog eggs). The white halo consists from keratinocytes surrounding the feeding vessel. Point vessels are larger than flat vessels warts. filiform warts-elongated education With translucent vessels And black-brown dot on top, representing yourself thrombosed capillary. [2].

IN). **plantar warts** : dermoscopic diagnosis based on availability warty, yellowish structureless zones With irregularly distributed red (dilated capillaries) and brown-black dots (thrombotic capillaries) And linear stripes (hemorrhages, formed V result high sole pressure). [2]. In corns, unlike plantar warts, in the center is located, as a rule, reddish-bluish unstructured pigmentation and missing hemorrhages. [16]. The presence of bleeding and vascular pattern may be useful in monitoring the effectiveness of the treatment of viral warts. The disappearance of these structures speaks about success treatment, or , How minimum, low risk relapse. [17].

G). For dermoscopic paintings **genital warts (pointed warts)** characteristically Availability papules With angiomatous component from dotteddilated vessels. The white reticular network with vessels in the center of the cells resembles mosaic structure. Mosaic vascular structure often Maybe be observed V apparently unaffected, located near the affected area areas (preclinical stage), where new genital warts appear in the following weeks. [18]. pointed warts necessary differentiate With pearl papules (normal variant in male patients), which are located on the crown of the head penis, dermatoscopically: each individual papilla corresponds to a vessel in hairpin) [19] and Fordyce disease (on the foreskin of the penis, ectopic sebaceous gland, Not related With follicles dermatoscopically: yellowish nodules, consisting from multiple small cysts sebaceous glands).

Precancerous diseases skin (Bowen's disease, porokeratosis, actinic keratosis).

Disease Bowen .

Bowen's disease (BD) - intraepidermal squamous cell carcinoma in situ. Clinicallylooks How clearly delimited plaque With scales And crusty on surfaces.

Similarity with psoriasis or stasis dermatitis leads to a delay in staging correct diagnosis.

Dermoscopic signs disease Bowen were defined V severalresearch [20, 21]:

- multicomponent structure (90-100%);

- atypical vascular structure (86.6-100%);

-scaly surface (62.2-90%);

-pseudonet (10-35.7%);

- irregular, structureless, diffuse pigmentation (64.2-80%);

-focal distribution little ones brown globule (64.2-90%);

- central or multifocal depigmentation;

-white-blue veil;

- hemorrhages.

Vascular structure tumors consists of, main the way from point vessels, irregularly distributed V groups, Also may be found linear, treelike And similar hairpin vessels. More high increase at video dermatoscopy allows see distinctive peculiarity vascular structures

BB - "glomerular vessels" - very intricate tortuous capillaries that mimic glomerular kidney apparatus. [22].

IN rarely meeting pigmented form BB main criteria are pseudonetwork, diffuse pigmentation and globules; others, well expressed, standard BB criteria can absent. [23]. In this case, education is quick removal For histological study. Differential diagnosis carried out with formations in which pinpoint vessels are also found: with psoriasis, warts clear cell acanthoma, dermatofibroma, pigmentless melanoma.

Porokeratosis - form keratosis, conditioned pathological change keratinocytes With various degree dysplasia And opportunity malignant rebirth. Clinically characterized sharp limited, atrophic,ring lesions with a well-defined raised keratotic margin, which forms border between normal And atypical keratinocytes. known some clinical forms porokeratosis:

-classical porokeratosis Mibelli;

-disseminated surface actinic porokeratosis;

-disseminated palmar And plantar porokeratosis;

-linear unilateral porokeratosis;

-point porokeratosis.

actinic porokeratosis starts With appearance reddish or brown papules 1–3 mm in diameter with a keratotic plug that expands to slightly raised ring. The skin in the center is atrophied and softly colored red or hyperpigmented. Often the center is

hyperkeratotic, ulcerated, or crusted. Defeats can be confused With actinic keratosis And psoriasis.

Dermatoscopically: situated By periphery whitish annular structure- "white track". WITH internal sides pigmented. "White track" limits central light white homogeneous region With various types vessels, which clearly visible from atrophy of the epidermis. [24].

Differential diagnosis carry out With actinic keratosis.

actinic keratosis.

actinic keratosis (solar keratosis, senile keratosis)- precancerous epithelial defeat skin, characterized local intraepidermal atypia keratinocytes on open plots body, susceptible impact solar rays. IN the present time underway debate, classify AK How precancerous disease or How initial stage squamous cancer skin. No epidemiological data assessing the rate of immediate regression AK or the rate of progression of AK to invasive squamous cell skin cancer. However, in 60% cases of squamous cell skin cancer was preceded by AK, in 97% of squamous cell carcinomas skin, emerging on damaged sun skin There is histological sign accompanying AK [25]. Clinically allocate 6 forms AK: erythematous, hypertrophic, lichenoid, proliferative, pigmented and actinic cheilitis.

Unpigmented actinic keratosis dermatoscopically shows

"strawberry structure":

1) Erythema, represented by thin linear-wavy vessels, surroundsholes hair follicles And shapes rose red pseudonet;
2) White-yellow superficial scales;
3) In the hyperkeratotic form of actinic keratosis, the hairline openings follicles filled yellowish keratotic traffic jams And surroundedwhite halo target structure. [26].

pigmented actinic keratosis dermatoscopically Maybe showsome options:

1) Lots of gray and dark brown dots and globules surrounding holes hair follicles. Histologically correspond clusters loadedmelanin macrophages located V top part dermis.
2) points And globules may merge, forming annular grainy structure.
3) taupe pseudonet.

Sarcoma Kaposi .

Sarcoma Kaposi- multifocal malignant tumor, developing from endothelium circulatory And lymphatic capillaries. Clinically appears crimson or purple plaques knots And edema environmental fabrics. INresearch 100 formations at 7 patients SC

revealed the following dermoscopic peculiarities: bluish-reddish coloring (noticed V 84% lesions), "rainbow structure" (36%), scaly surface and small brown globules (15%). colorful structure rainbow- the most distinctive diagnosticfeature detected by a polarized dermatoscope. The structure of the rainbow was found in 6 of 7 patients and was not observed in other vascular tumors. Histology sk, showing structure rainbows demonstrated vascular cavity, filled densely packed slit-like vessels; SC without structures rainbow-between vessels was found big quantity stromal fabrics and fiber. [27].

Psoriasis .

For diagnostics psoriasis use videodermatoscopy (preferred magnification 50x, 100x, 200x). Adequate knowledge of the vascular pattern in normal skin premise For Togo, to to know microvessels psoriasis, which different formand sizes. Vessels appear red in normal skin under 50x magnification. dots regularly scattered over the surface of the skin along the ridges; under magnification 100x, 200x visible capillary loops V form comma, located V everyone nipple perpendicular surfaces skin. IN some areas body normal painting capillaroscopy Maybe differ: on rear surfaces hands Not All capillaries located perpendicularly and the visibility of the capillary is not limited by the loop; everything on the forehead capillaries located parallel to surface skin And form net. [28].

IN research 255 patients (increase 50x) With individual red scaly patches or plaques, the following characteristic signs of psoriasis: homogeneous vascular pattern, red dots, light red background with a diagnostic probability of 99% if all 3 signs were present. [29]. Red points at more high increase represented yourself uniformly arranged tortuous and dilated capillaries, located more densely than in healthy skin (significant increase capillary loops on unit surfaces). Videodermatoscopy Maybe apply For control efficiency therapy. IN research the only thing introduction infliximab caused significant morphological change capillary loops: decrease sizes And change forms. [thirty]. Videodermatoscopy useful V diagnostics those cases V which there are no psoriatic lesions located in typical places of the body or in elsewhere in the body, i.e. isolated forms of psoriasis, such as palmoplantar psoriasis, psoriatic balanitis, head psoriasis. [31-33].

Red flat lichen .

LP is a subacute or chronic inflammatory disease of the skin and mucous membranes, manifested by flat papules with a characteristic lilac tint, on the surface which are distinguishable white lacy streaks- net Wickham.

Net Wickham Not Always visible at standard visual inspection. Usage dermatoscopy promotes more fast identification this structures. [34, 35].

A). Initial manifestations of LP (round, pink papules): round small white veins With central yellow-brown dot.

B). Active manifestations KPL remain isolated or grouped V plaques in which white streaks form polymorphic tree-like branches. INthis phase disappears central tan region, A By periphery visible linear radiation capillaries, surrounding grid.

IN). In mature lesions, peripheral capillaries gradually disappear, and pigmented structures gradually surround circuit grids Wickham.

G). Post-inflammatory pigmentation is a common outcome of LP. Dermatoscopy allows define type post-inflammatory hyperpigmentation, What It has predictive meaning.

1. short term type pigmentation: homogeneous, structureless, light brown areas without grit.
2. Long-standing type of pigmentation: gray-blue or brown round dots and globules ("scattered pepper symptom") on a light brown background or on background unchanged skin. grains pigment V general features outline contours disappeared Wickham mesh in the form of "ash holes" (a large number of granules pigment V center regressed round whites vein) And "sewing lines" (outline contours of Wickham's polymorphic network). [36].

TO atypical forms KPL relate annular And hypertrophic.The ring-shaped form of LP occurs in the axillary and inguinal region. Dermatoscopy the clinically active border shows Wickham's network, radial capillaries and granular deposit pigment. Hypertrophic form KPL meets on feet And shinsV form thickened hyperkeratotic plaques. Dermatoscopically along with network Wickham and vascular structures, comedo-like structures filled with yellow traffic jams or round corneal formations ("corn pearl").

Purples .

Various clinical forms purpura - result non-inflammatory or inflammatory changes V within or around walls vessels. Dermatoscopy allows differentiate these forms.

Main dermoscopic signs purple [37]:

1) Homogeneous sign consists of from wide, homogeneous structureless purplish areas. Homogeneous sign characterizes non-inflammatory forms purpura, such How coagulation-fibrinolytic violations (For example, on background taking anticoagulants) or stromal anomalies of the vascular wall (senile, steroid purpura).
2) Spotted sign is represented by irregular round dots/globules or spots on a background of red-brown or red-copper pigmentation. Spotted sign suggests purpura of an inflammatory type, such as leukocytoclastic vasculitis (purpura Shenlein-

Genoch, cryoglobulinemic vasculitis And etc.) And chronic pigmented purpura.

chief sign V differential diagnostics leukocytoclastic vasculitis from chronic pigmented purple will their palpability.

3) perifollicular sign (With purplish halo)- petechiae V center

hair follicles is a pathognomonic sign of scurvy. Additional features are cork screw hair and follicular hyperkeratosis.

The differential diagnosis of purpura is with serpeginous hemangioma (clear oval red gaps without brown background) [38], urticarial vasculitis, pigmented red flat shape depriving.

urticarial vasculitis And urticaria .

Urticaria - acute or chronic appearance of pale itchy papules and plaques, conditioned short-term edema papillary layer dermis.

urticarial vasculitis systemic disease, emerging multiple clearly outlined blisters that persist longer 24 hours (3-4 days).

Hives And urticarial vasculitis clinically Very similar, But their need to differentiate, because urticarial vasculitis may be a cutaneous manifestation of a common collagenosis. [39].

Dermatoscopy hives shows irregular red net linear vessels, which correspond transiently extended, horizontally oriented dermal capillaries. Sometimes there are extended dot vessels. Vessels may surround a central unstructured zone, an area where the vessels were obscured by edema. When pressed with a dermatoscope, the vessels disappear. urticarial vasculitis shows a sign of purpura: numerous purplish dots and globules; globules may be within orange-brown spots. Urticarial vasculitis with slight manifestations of hemorrhage may show a linear network of vessels. Dots and globules urticarial vasculitis must differentiate from round vesselshives (meet enough rarely). Round vessels: sharp delimited, located along the linear vessels, regular, disappear when pressed. Dots and globules blurred, irregular, Not connected with vessels, Not turn pale.

Rosacea And seborrheic dermatitis

Rosacea - before Total violation skin microcirculation central parts face, emerging permanent extension capillaries (telangiectasias), papules, pustules and edema. There are 4 clinical forms of rosacea: erythematous- telangiectatic, papulo-pustular, edematous, And eye.

Videodermatoscopy useful V differential diagnostics erythematous-telangiectatic forms of rosacea and seborrheic dermatitis. [40].

Dermoscopy of rosacea: red background due to dilation of superficial capillaries vascular plexus, neoangiogenesis, much more large vascular polygons with thickened walls than in healthy skin and skin with seborrheic dermatitis.

Dermatoscopy of seborrheic dermatitis: only thin vascular polygons And winding vessels on background of unchanged colors skin.

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