

Title: Dermoscopy in general dermatology in skin of color

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Background:

Within the last years, several studies investigated the dermoscopic criteria seen in non-tumoral dermatological conditions, mainly inflammatory, infiltrative, infectious diseases and pigmentation disorders. However, most studies have been conducted in Caucasian patients, with a relative lack of information about darker phototypes. This is a quite relevant issue as the same condition may display different dermoscopic findings according to the skin colour. Hence, there is a need to study the dermoscopic pattern of common “general” dermatological conditions in subjects with skin of colour.

Objective of the study:

To investigate the main dermoscopic features of common “general” dermatoses in dark-skinned patients.

Methods:

Members of the IDS are invited to submit any case of Fitzpatrick phototypes IV-VI patients suffering from the following dermatoses [whose diagnosis has been confirmed by the corresponding gold standard diagnostic test (histology, microbiologic tests or typical clinical course)]:

- I) *Papulosquamous dermatoses*: Psoriasis; Dermatitis (Eczema); Lichen planus (classic and hypertrophic); Pityriasis rosea; Tinea corporis; Mycosis fungoides (patch stage); Pityriasis lichenoides chronica; Porokeratosis; Prurigo nodularis; Lichen nitidus; Darier’s disease; Reactive perforating collagenosis.

- II) *Facial inflammatory dermatoses*: Seborrheic dermatitis; Rosacea; Demodicosis; Sarcoidosis, Discoid lupus erythematosus, Lupus vulgaris; Granuloma faciale; Cutaneous leishmaniasis.

- III) *Hyperpigmented dermatoses*: Melasma; Exogenous ochronosis; Lichen pigmentosus; Ashy dermatosis; Pityriasis versicolor; Confluent and reticulated papillomatosis.
- IV) *Hypopigmented dermatoses*: Vitiligo; Idiopathic guttate hypomelanosis; Pityriasis alba; Achromic/hypochromic pityriasis versicolor; Nevus depigmentosus; Nevus anemicus; Progressive macular hypopigmentation; Hansen's disease; Ash-leaf macules.
- V) *Granulomatous and sclerotic dermatoses*: Granuloma annulare; Necrobiosis lipoidica; Nonfacial sarcoidosis; Morphea; Lichen sclerosus.
- VI) *Other common "general" dermatoses*: Scabies; Pigmented purpuric dermatoses (Schamberg disease, Majocchi disease, Lichen aureus, Eczematid-like purpura, and Gougerot-Blum disease), Mastocytosis (mastocytoma, urticaria pigmentosa, and telangiectasia macularis eruptiva perstans); Xanthogranuloma; Warts; Molluscum contagiosum.

High quality clinical and dermoscopic pictures (captured at x10 magnification) of the lesions are required to participate in this study. Histological pictures are optional and will be used to evaluate dermoscopic-pathologic correlations.

Dermoscopic images of lesions will be retrospectively evaluated for the presence of predefined morphologic criteria.

The dermoscopic analysis will be performed in line to the recently conducted IDS Consensus on dermoscopic terminology in general dermatology.

Accuracy parameters will be calculated (when possible) for every disease as compared to other entities of the same group.

The following information should also be provided:

- Patient's phototype [based on Fitzpatrick phototype scale]
- Clinical subtype of the dermatosis, if any (e.g. "atopic dermatitis" or "stasis dermatitis" for "dermatitis" or "psoriasis vulgaris" or "guttate psoriasis" for "psoriasis")
- Lesion size, localization and duration
- Patient's age and gender are also required.

- Type of dermatoscope (polarised vs non-polarised)

Relevant points:

- 1) Please send images to Dr Enzo Errichetti (enzoerri@yahoo.it). All images will be kept in an encrypted file by the study co-ordinator. The study co-ordinator and supervisor will have full access to raw data. Access for anyone else will be allowed only after request to the Executive Board of the IDS.
- 2) Any images used in the study will remain at the property of the participant who has submitted these images. They will be used only for the purposes of this study. Any other use of images will require the permission of the investigator and the EB of the IDS.
- 3) The data should be submitted anonymised. Photographs of diseases on the face should carefully cover the eyes.
- 4) Authorship will depend on the number of submitted cases that meet the criteria for inclusion. All colleagues submitting cases will be included in the acknowledgements.
- 5) **Data collection will be closed on the 30th of April 2019.**

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References:

- 1) Errichetti E, Stinco G. Dermoscopy in General Dermatology: A Practical Overview. *Dermatol Ther (Heidelb)* 2016;6:471-507.
- 2) Lallas A, Giacomel J, Argenziano G, et al. Dermoscopy in general dermatology: practical tips for the clinician. *Br J Dermatol* 2014;170:514-26.
- 3) Sonthalia S, Jha AK, Sarkar R, Ankad BS. Disorders of pigmentation. In: Lallas A, Errichetti E, Ioannides D, eds: *Dermoscopy in General Dermatology*. Boca Raton, FL: CRC Press; 2018:282-94.