



IMAGE

Morphea in Plate

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Clinical observation

A 45-year-old woman with no previous pathological history of any kind consulted us for skin lesions on the trunk, which had started on the back and extended to the left breast. Dermatological examination revealed three skin lesions on the back, in the form of plaques, the largest of which was located on the left lumbar region and measured 6 centimetres in diameter. The other two were located on the middle dorsal region and measured 2 centimetres in diameter, as well as on the left breast. These lesions presented a sclerotic, white,

indurated appearance surrounded by a hyperpigmented halo (Figure 1). The rest of the skin and skin Appendages examination revealed nothing unusual.

Faced with this clinical picture, several diagnoses were discussed, including: plaque morphea, lichen scleroatrophicus, and mycosis fungoides. Histological examination of skin biopsies revealed a regular epidermis with a layer of orthokeratotic keratin, and a dense fibrosis of thickened collagen bundles in the superficial and middle underlying dermis. Adnexal structures are few in number and often atrophic, consistent with Morphea, with no histological evidence of malignancy (Figure 2).

The patient was treated with very strong dermocorticoids (clobetasol) and emollients for 3 months with good progression.



Figure 1: Indurated Whitish Sclerotic Plaque Lesions Suggestive Of Morphea

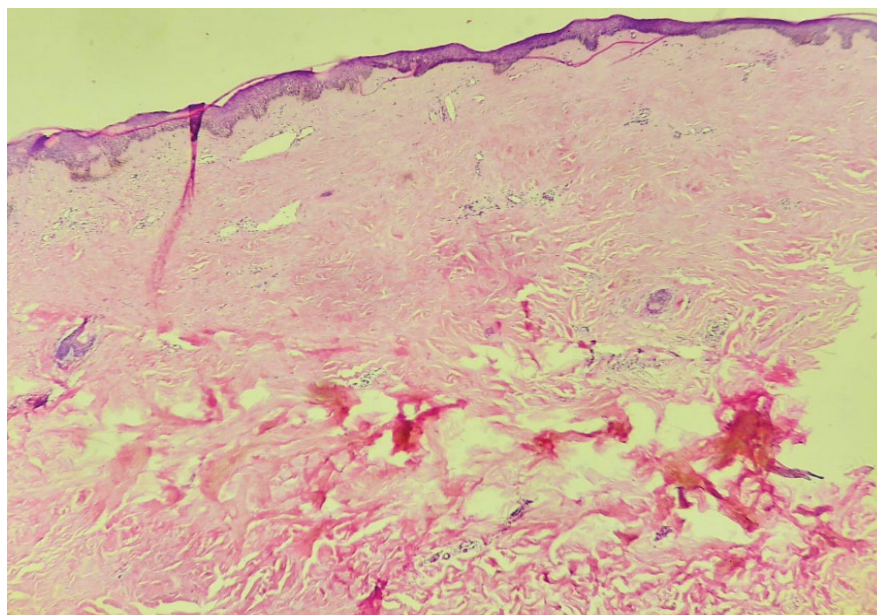


Figure 2: The Hematoxylin And Eosin Section Shows A Punch Biopsyskin Demonstrates The Features Of A Morphea Lesion, Including Marked Thickening Of The Dermal Collagen, Loss Of Periadnexal Fat And Compression Of Adnexal Structures.