CASE REPORT

Male patient, 41-year-old, born and living in Belo Horizonte (Minas Gerais), noticed nine months previously asymptomatic skin lesions on his face, trunk and limbs. Schizophrenia was a comorbid condition for which the patient has been treated with haloperidol 10mg/day for 15 years. No similar cases reported in patient’s family.

The dermatological examination revealed extensive and confluent grayish macules with erythematous raised borders affecting the face, neck, trunk and proximal parts of the limbs (Figures 1-3).

Laboratory tests were normal. Histopathologic examination showed irregular atrophy of the epidermis and irregular foci of hydropic degeneration of the basal layer, as well as lymphohistiocytic perivascular inflammatory infiltrate and pigment incontinence (Figure 4).

WHAT IS YOUR DIAGNOSIS?

Figure 1: Hyperpigmented macules, extensive and confluent, affecting the face, neck, trunk and proximal limb

Figure 2: Close-up of perilesional erythematous halo

Figure 3: Gray macules on the posterior neck area

Figure 4: Atrophic epidermis, foci of degeneration of the basal layer and pigmentary incontinence (HE, 100x)
DISCUSSION

*Erythema perstans dyschromicum* or ashy dermatosis is a rare chronic, benign disorder belonging to the group of acquired idiopathic hypermelanoses. Initially described by Ramirez in 1957 (in El Salvador), the condition tends to be more prevalent in Central and South America, primarily affecting young adults (under 20), with a slight preference for females and darker-skinned individuals.

Histopathologic findings are nonspecific and include vacuolization of the basal layer, necrosis of basal keratinocytes, colloid bodies, exocytosis of lymphocytes, pigmented incontinence and perivascular lymphocytic inflammatory infiltrate.

The differential diagnosis includes lichen planus pigmentosus, post-infl ammatory hyperpigmentation, figurate erythemas, fixed drug eruption, Addison’s disease and hemochromatosis. Among these, lichen planus pigmentosus is the most clinically and histologically similar to ashy dermatosis, which has resulted in it being thought to be a variant of lichen planus. At present, however, they are considered separate entities by most authors.

Evolution of the disorder is chronic and benign and spontaneous remission is rare in adults. In children clinical improvement can tend to occur within two to three years. Many treatments have been proposed but there is no standard therapy and the results are in any case inconsistent. Reports exist of improvement with dapsone and clofazimine, as well as with other regimens such as systemic and topical corticosteroids, antibiotics, griseofulvin, isoniazid, antimalarials, keratolytic agents, phototherapy and psychotherapy.

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**Abstract:** Dyschromic erythema perstans, or ashy dermatosis, is a rare chronic acquired skin disease characterized by gray hyperpigmented patches with erythematous borders. Its etiology is unknown and there is no specific treatment for the condition. We report a case of ashy dermatosis in a 41-year-old patient with extensive lesions on the trunk and limbs.

**Keywords:** Drug eruptions; Hyperpigmentation; Lichenoid eruptions; Melanins

**Resumo:** Erythema dyschromicum perstans ou dermatose cinzenta é enfermidade cutânea adquirida, rara, de evolução crônica, caracterizada por máculas acinzentadas, com bordas eritematosas. A etiologia ainda é desconhecida, não havendo tratamento definido para a afeição. Apresenta-se um caso desta dermatose em paciente de 41 anos, com lesões disseminadas no tronco e membros.

**Palavras-chave:** Erução por droga; Eruções liquenóides; Hiperpigmentação; Melaninas

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**REFERENCES**


*MAILING ADDRESS / ENDEREÇO PARA CORRESPONDÊNCIA : Ana Carolina Figueiredo Pereira Cherobin Alameda Alvaro Celso, 55 - Santa Efigênia CEP. 30150-260 Belo Horizonte – MG, Brazil E-mail: anacarol@bc.ufmg.br