

A Gray Patient

Gabriela Fortes Escobar¹, Kelli Wagner Gomes², Mariana Quirino Tubone³,
Gabriela Maldonado⁴

¹ Department of Dermatology, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brasil

² Private Practice - Rua Felipe Camarão 690/Sala 402, Porto Alegre, Brasil

³ Private Practice - Av. Marcolino Martins Cabral, 2099/ Sala 902, Tubarão, Brasil

⁴ Private Practice - Rua 24 de Outubro, 1440 /Sala 1103, Porto Alegre, Brasil

Citation: Escobar GF, Gomes KW, Tubone MQ, Maldonado G. A gray patient. *Dermatol Pract Concept*. 2022;12(1):e2022041.
DOI: <https://doi.org/10.5826/dpc.1201a41>

Accepted: July 1, 2021; **Published:** January 2022

Copyright: ©2022 Escobar et al. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (BY-NC-4.0), <https://creativecommons.org/licenses/by-nc/4.0/>, which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original authors and source are credited.

Funding: None.

Competing interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding author: Gabriela Fortes Escobar, MD MSc Department of Dermatology, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brasil. E-mail: gescobar@hcpa.edu.br

Case Presentation

A 46-year-old Caucasian woman presented with a 10-year history of an asymptomatic progressive darkening of the skin. There was no previous history of inflammation, and she denied the use of medications. Examination revealed symmetric blue-gray patches involving the face, trunk (Figure 1, A and B) and extremities. Dermoscopy showed a diffuse reticulated-homogenous brown-gray pigmentation (Figure 1C). Skin biopsy revealed multiple spindle-shaped dendritic melanocytes in the dermis (Figure 1D) and immunohistochemical staining was positive for Melan-A and HMB-45.

Teaching Point

Acquired dermal melanocytosis is a rare pigmentary disorder and its etiology remains unknown. Three theories may explain this disorder: migration of epidermal melanocytes to the dermis; migration of hair bulb melanocytes; or reactivation of pre-existing latent dermal melanocytes triggered by local inflammation or an unknown stimulus [1,2]. Melanin-containing dendritic melanocytes can be seen in the upper-middle portions of the dermis and, with the Tyndall effect, they result in a brown to bluish-gray skin pigmentation [2].

Informed consent: Written informed consent for publication of clinical details and clinical images was obtained from the patient.

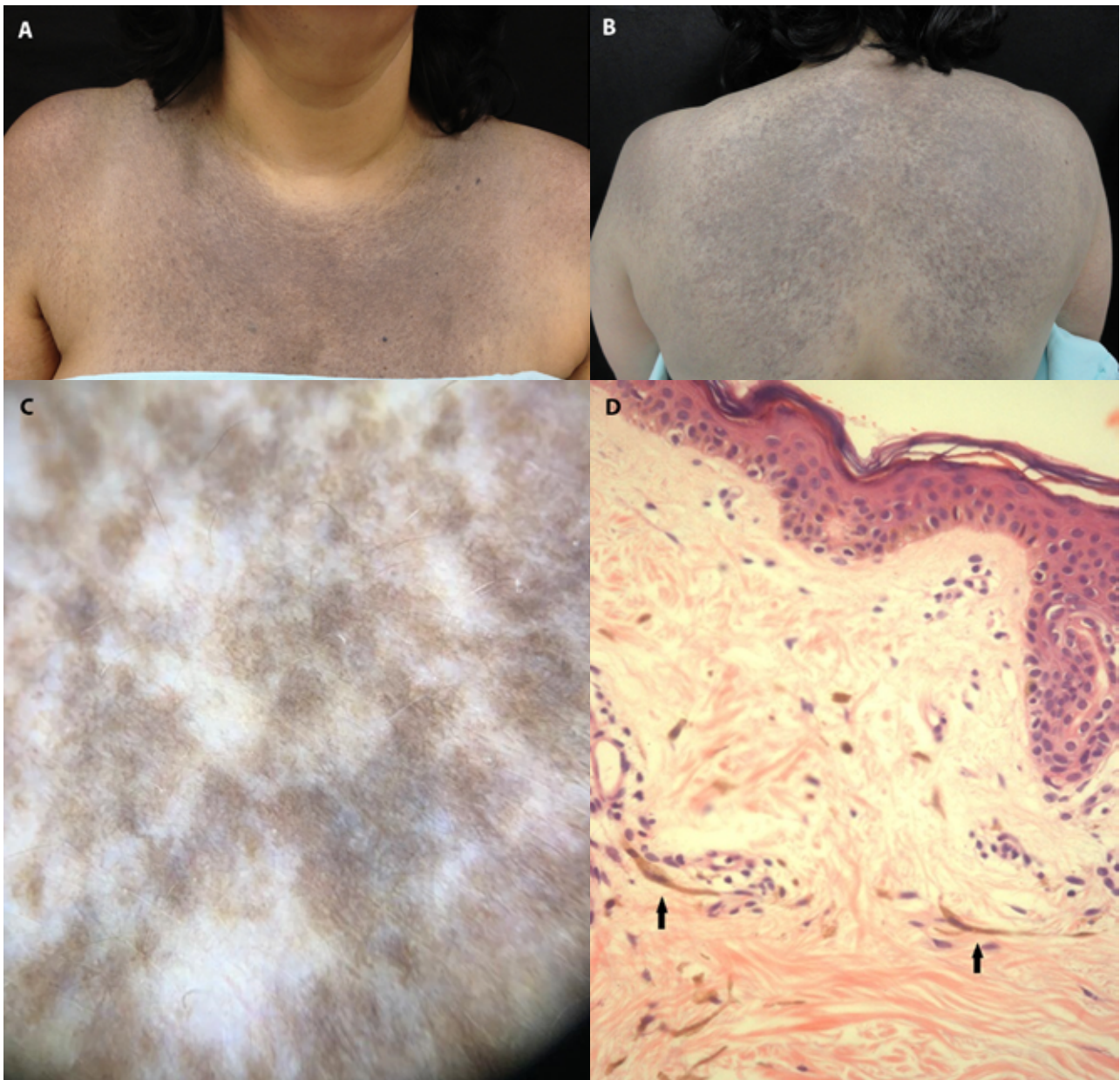


Figure 1. (A) and (B) Remarkable blue-gray pigmentation on the trunk. (C) Dermoscopy (10x) revealing a diffuse reticulated-homogenous brown-gray pigmentation. (D) Histopathology showing multiple spindle-shaped dendritic melanocytes in the dermis (arrows).

References

1. Harrison-Balestra C, Gugic D, Vincek V. Clinically distinct form of acquired dermal melanocytosis with review of published work. *J Dermatol.* 2007;34(3):178–182. DOI: 10.1111/j.1346-8138.2007.00245.x. PMID: 17291298.
2. Baykal C, Yılmaz Z, Sun GP, Büyükbabani N. The spectrum of benign dermal dendritic melanocytic proliferations. *J Eur Acad Dermatol Venereol.* 2019;33(6):1029–1041. DOI: 10.1111/jdv.15492. PMID: 30767282.