

## IMAGES IN DERMATOLOGY

### A «Cesarean Scar»—With No C-Section!☆

### Una «cicatriz» de cesárea, ¡sin cesárea!

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A 45-year-old woman was referred for assessment of a very pruritic “scar” on a skin fold of the abdomen. The lesion had first appeared 2 years earlier and had not improved with local application of scar oils and gels. The patient had 2 children, both of whom were delivered vaginally. Physical examination revealed a continuous, very pruritic linear plaque with multiple satellite papules. Dermoscopy revealed a linear dotted (starburst) vascular pattern associated with peripheral scaling at the edges of the lesion and hypopigmented areas with slight superficial scaling on the satellite papules (Fig. 1). No lesions were observed on the mucous membranes, nails, or other areas of skin. Histopathology revealed orthokeratotic hyperkeratosis with hypergranulosis, acanthosis, and hydropic and vacuolar degeneration of the stratum basale that was compatible with lichen planus. The patient was prescribed high-potency topical corticosteroids, and her pruritus resolved within 2 weeks; complete resolution of the lesions required 6 weeks, leaving residual erythematous-violaceous pigmentation. The clinical presentation of the lesion could be



Figure 1

due to prolonged scratching of this area and pressure from the seam of her trousers. The differential diagnosis should include conditions such as lichen nitidus (which normally affects children, is asymptomatic, and usually resolves spontaneously), Fox-Fordyce disease (which is pruritic, originates in the apocrine glands, and affects the axillas or pubic region), or, as the patient’s primary care physician suspected, hypertrophic scarring. Histopathology made it possible to differentiate between these entities.

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