IDIOPATHIC ERUPTIVE MACULAR PIGMENTATION (A CASE REPORT)

INTRODUCTION:

Idiopathic eruptive macular pigmentation (IEMP) is a rare pigmentary disorder of unknown etiology, characterized by asymptomatic, brown pigmented macules involving the neck, trunk and proximal portions of the extremities. The disease occurs primarily during childhood and adolescence usually without a history of erythema, drug medication or any other skin disorder. Histopathologic examination showed melanophages, mild perivascular lymphohistiocytic infiltrate in the papillary dermis and papillomatosis.

CASE REPORT:

Herein, we report this rare case of IEMP in a 11 year old healthy girl presented with asymptomatic brown to dark lesions over the face, neck, trunk and proximal extremities of 6 months duration. They appeared spontaneously without any preceding lesions or topical therapy. The lesions started insidiously and gradually progressed over a duration of 1 month. There was no history of prior drug intake.

ON EXAMINATION:

The general, physical and systemic examination was unremarkable. Cutaneous examination revealed multiple brownish to dark, discrete macules. Palms and soles were spared. The size approximately from 0.5 to 1 cm. Darier’s sign was negative. The mucosae, hair and nails were normal.

INVESTIGATION:

Biopsy showed moderate irregular acanthosis, slight papillomatosis and basal layer hyperpigmentation.

DIAGNOSIS:

Final diagnosis was Idiopathic Eruptive Macular Pigmentation on the basis of histopathological findings and clinical features.

DISCUSSION:

IEMP is an under diagnosed condition. Although it clinically resembles lichen planus pigmentosus, erythema dyschromicum perstans and mastocytosis. Therefore the only way to differentiate is by histopathological examination. A study by Sanz de Galdeano et al. gave the criteria for diagnosis in 1996, (a) Eruption of brownish, asymptomatic macules involving the trunk, neck and proximal extremities in children and adolescents (b) absence of preceding inflammatory lesions (c) no previous drug exposure (d) basal layer hyperpigmentation of the epidermis and prominent dermal melanophages without visible basal layer damage or lichenoid inflammatory infiltrate (e) normal mast cell count. The present case fulfilled all the above
mentioned criteria. IEMP is self-resolving and has been reported to disappear spontaneously in months to years.

**CONCLUSION:**

We believe that knowledge of this entity is important to avoid unnecessary medical treatment because of the expected spontaneous resolution within a period of a few months or years. Probably an epidemiologic approach including a meta-analysis of a larger number of cases would be helpful in establishing the pathogenesis.