Familial speckled acral hypopigmentation

S K P Lekamge[1], H M P Gunathilake[1], K L P D Seneviwickrama[2]

Sri Lanka Journal of Dermatology, 2022-2023, **23**: 54-55

Abstract

Familial speckled acral hypopigmentation (FSAH) is a very rare presentation of acro pigmentation. FASH was first described by Malakar *et al* in 2005 in India[1]. It presents as speckled hypopigmentation on the sides of dorsa of the hands and feet.

In this case report we present a 10 years old girl who came to our clinic with her mother with a complaint of whitish dots like rash on her hands and feet noticed at the age of 3 years. There was a strong family history of the condition from her mother's side.

Based on the clinical features we diagnosed the condition as familial speckled acral hypopigmentation (FSAH).

Introduction

Hypopigmentation is seen in wide range of dermatological conditions but familial speckled acral hypopigmentation is a very rare form of acro pigmentation. Several diseases present with guttate, speckled, or confetti hypopigmented macules and a case of speckled hypopigmentation limited to acral areas are described here.

Case report

A 10 years old girl presented to our clinic complaining of whitish dots like lesions on the dorsal aspect of hands and legs noticed at the age of 3 years. These lesions are asymptomatic and not seen anywhere else including mucocutaneous junctions. According to the mother these were not started as blisters or pustules. There was no history of any preceding skin rashes, injuries or exposure to chemicals. Past medical history was unremarkable. There is a strong family history of the same condition from her mother's side (Figure 1).

On examination there were hypopigmented nonscaly and macular speckled lesions on the dorsal aspects of hands and feet (Figure 2) and the similar condition was observed in her mother (Figure 3). The lesions were more prominent over the interphalangeal joints (Figure 4) and sides of dorsa of the hands and feet. The systemic examination didn't reveal any abnormality.

A skin biopsy was offered for histological diagnosis but refused by the patient.

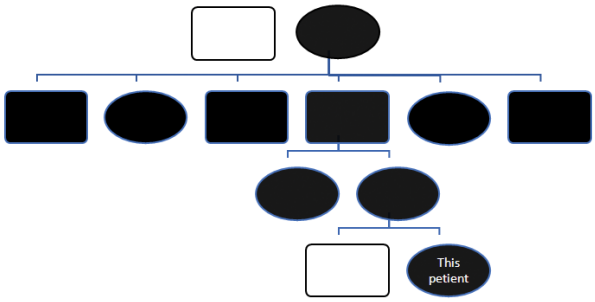

Figure 1.

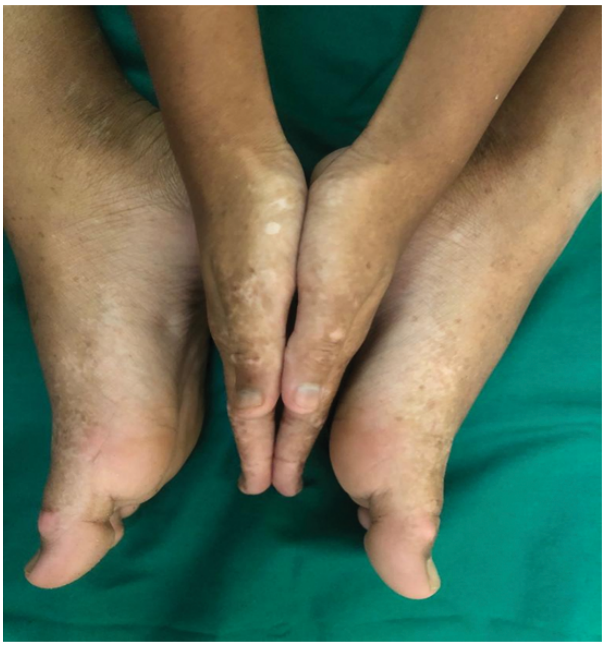

Figure 2.

[1]*Medical Officer of Dermatology,* [2]*Consultant Dermatologist, Sirimavo Bandaranayake Specialized Children's Hospital, Peradeniya, Sri Lanka.*

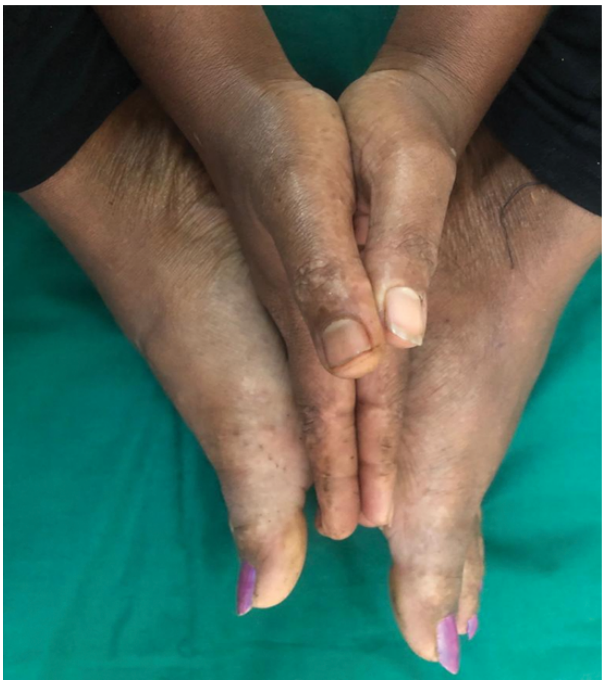

Figure 3.

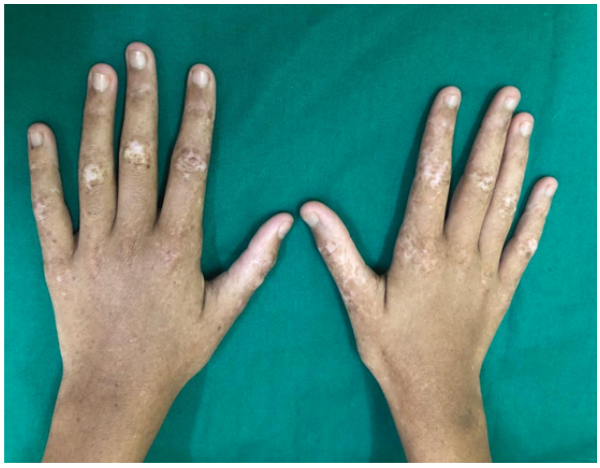

Figure 4.

Discussion

As FSAH presents with asymptomatic small hypopigmented macules in a speckled distribution on acral regions, it's a clinical differential diagnosis of many hypopigmented dermatoses including idiopathic guttate hypomelanosis, idiopathic confetti-like leukoderma, familial white lentiginosis, Darier disease and tuberous sclerosis complex[2].

Histopathologically FSAH shows marked reduction in the number of melanocytes without any remarkable changes[1] unlike in vitiligo in which melanocytes are absent. Awareness of this entity helps in distinguishing it from guttate vitiligo thus alleviating patient's anxiety. Further cases with genetic testing are needed to establish it as a distinct entity[1].

FSAH patients have been treated with tacrolimus and narrowband ultraviolet phototherapy but significant improvement was not noticed[2].

Conclusion

FSAH is a relatively recently described entity with few reported cases to date. The exact etiopathogenesis is not yet known.

References

1. *Indian Journal of Dermatology* 2019; **64**(4): 338 Familial Speckled Acral Pigmentation.
2. National Library of Medicine *JAAD* Case Rep. 2019; **5**(9): 770-2. Published online 2019 Aug 29, doi10.1016/j.jdcr.2019.06.024