Because LPP and SPP are uncommon diseases that appear to affect patients randomly, there
are many other entities to consider. The poikilodermatous type. The patient should be examined carefully every 3 months initially and
LPP requires more aggressive therapy: high-potency topical corticosteroids with phototherapy
response to therapy is variable.

SECOND LINE

Both LPP and SPP may persist for years to decades with little change in appearance clinically
and can even participate in delayed-type hypersensitivity reactions to contact allergens.

It is likely that a complete understanding of the pathogenesis of parapsoriasis will develop with
considerable confusion and misuse of the terms large-plaque and small-plaque parapsoriasis by
some individuals. These designations more appropriately might be thought of as large-patch
and small-patch parapsoriasis.

Differential Diagnosis of Poikiloderma

Scaly macules and papules in a net-like or zebra-stripe pattern that eventually becomes
poikilodermatous.

Telangiectasia defines the term poikiloderma or poikiloderma atrophicans vasculare, which also
the atrophy becomes prominent (Fig. 25-3). This triad of atrophy, mottled pigmentation, and
generation of epidermal atrophy. Telangiectasia and mottled pigmentation also are observed when
the pathogenesis, which eventuates in transformed large cell lymphoma at its malignant extreme. To
This view is also supported by the presence of structural and numerical chromosomal
differences, such as the p...