



ERYTHEMA DYSCHROMICUM PERSTANS

<http://www.aocd.org>

Erythema dyschromicum perstans (EDP), also known as **ashy dermatosis** and dermatosis cenicienta, is a benign, uncommon skin condition that presents with generalized ashy-gray colored macules on the body. Many consider this condition to be a variant of **lichen planus**. It affects both males and females, and is seen most commonly before the age of 40. Lesions still may be seen in young children and in the elderly. Most patients are from a Latin American origin.

The cause is currently unknown, although there are many theories. Some postulate that cell-mediated immunity may play a vital role. EDP has been reported after the ingestion of ammonium nitrate, radiographic contrast media, pesticides, and some medications such as benzodiazepines and penicillin. Whipworm infection and HIV have also been associated with this skin condition. Patients with the allele HLA-DR4 have a higher genetic susceptibility to acquiring EDP. The underlying cause is usually not found in most patients.

It is important to get a thorough history with patients suspicious of having EDP. The skin lesions usually progress slowly and do not go away on its own. Most patients are asymptomatic although some may have itching.

On clinical presentation, the skin lesions are round, oval or sometimes irregularly shaped macules and patches that are gray, or bluish-brown in color. They develop in a symmetrical pattern and can reach up to 0.5-3 cm in size. These lesions usually begin on the trunk and spread to the neck, arms and sometimes the face. Early lesions may have an elevated, non-scaly, reddish border and older lesions may have a lighter border. Mucous membranes are not affected.

A **biopsy** may be performed to rule out other diseases and skin conditions. There are a few therapeutic options for EDP but none that have been shown to be consistently effective. Clofazimine, an antibiotic with antibacterial and anti-inflammatory properties, and **dapsone** have been shown to be effective in some patients. **Hydroquinone** and **topical steroids** have varying results. Other therapeutic modalities include **UV light therapy**, **chemical peels**, **griseofulvin**, **antihistamines**, and isoniazid. EDP may persist for years although spontaneous remission may occur, especially in children.

This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.

The medical information provided in this article is for educational purposes only and is the property of the American Osteopathic College of Dermatology. It is not intended nor implied to be a substitute for professional medical advice and shall not create a physician - patient relationship. If you have a specific question or concern about a skin lesion or disease, please consult a dermatologist. Any use, re-creation, dissemination, forwarding or copying of this information is strictly prohibited unless expressed written permission is given by the American Osteopathic College of Dermatology. For detailed information including links to related topics on this and many other skin conditions with photos, visit: <https://www.aocd.org/page/DiseaseDatabaseHome>