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Terra Firma-Forme Dermatoz

To the Editor,

Terra firma-forme dermatosis (TFFD) is a rare dermatosis with unknown cause which leads to dirt-like discoloration in the skin and which was defined by Duncan in 1987 for the first time (1,2). Dirt-like lesions which are mostly localized on the neck can also be observed on the trunk, arms and legs and scalp. The lesions do not disappear with washing using water and soap, but can be erased by rubbing with isopropyl alcohol or ethyl alcohol. When we examined the literature on the issue because of a 8-year-old male patient who presented to our outpatient clinic, we found that the reported cases were increasing gradually and pediatric patients constituted an important portion among these. In the history of our patient, it was learned that he had dirt-like spots on the trunk, arms and neck which did not disappear despite washing by rubbing with soap for three weeks and which did not cause any complaint. Regular biochemical tests performed in the center to which he was presented were as follows: Hb:12.2 g/dL, Htc:%35.2, AST: 17 U/L, ALT: 12 U/L, glucose: 88 mg/dL, urea: 19 mg/dL, creatinine: 0.3 mg/dL. On dermatological examination, dirt-like, partially reticular, brown-black hyperpigmented macular plaques with distinctive limits were observed (Picture 1). With these findings we were suspicious of TFFD and tried to wipe the lesions with 70% isopropyl alcohol to confirm our prediagnosis. Thus, all lesions disappeared after this procedure and our diagnosis was confirmed (Picture 2). The lesions did not recur in the 6-month follow-up period.

The clinical picture of terra firma-forme dermatosis can be confused with some other dermatological diseases including "acanthosis nigricans" and "confluent and reticulated papillomatosis" which are characterized with increased pigmentation. Therefore, it is assumed that its actual frequency is much higher than the frequency reported (1,2). Before performing invasive procedures including



Picture 1. Hyperpigmented plaque on the left arm of our patient.



Picture 2. The appearance of the lesion wiped with isopropyl alcohol.

biopsy to exclude other diseases in the differential diagnosis and to make the diagnosis, it is sufficient to observe the disappearance of lesions by wiping with 70% isopropyl alcohol or ethyl alcohol (3,4,5). Thus, we also confirmed our diagnosis by observing the disappearance of all lesions by treatment with 70% isopropyl alcohol.

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TFFD which clinically consists of velvety plaques and patches showing brown-grey pigmentation is totally asymptomatic. Although many factors including familial transmission, genetic predisposition, exposure to sun and delayed or deficient keratinization have been proposed in relation with the mechanism of occurrence, there are still no clear data (4,5). It was reported that marked lamellar hyperkeratosis and focal compact orthokeratosis was found histologically. Increase in melanin was found in the basal layer and compact hyperkeratotic areas were found with Fontana-Masson staining (1).

Since TFFD does not cause to systemic symptoms and can be easily diagnosed and treated, it should always be considered in the differential diagnosis of hyperpigmented lesions. In this way, unnecessary biopsy and biochemical tests can be avoided.

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