Asymptomatic golden macule on the ankle

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A 35-year-old man presented with a 4-week history of an asymptomatic golden-brown macule on his right lateral ankle (*Figures 1 and 2*). He first noted the lesion one morning when he was pulling on his socks, and the lesion had not changed in color or size since it appeared. He reported no associated trauma. His past medical history was unremarkable, and he took no medications.

What is your diagnosis?

Figure 1. Golden macule on lateral ankle.

Figure 2. Closer view of golden macule.

Table. Pigmented purpuric dermatoses

Progressive pigmentary disease of the skin (Schamberg's disease)
Purpura annularis telangiectodes (Majocchi's disease)
Pigmented purpuric lichenoid dermatosis (Gougerot and Blum's disease)
Lichen aureus

DIAGNOSIS: Lichen aureus.

Lichen aureus is a rare and chronic localized variant of pigmented purpuric dermatoses. It may present at any age but is most commonly reported in younger patients (1, 2). The pigmented purpuras comprise a group of dermatoses (*Table*) that present most commonly on the lower extremities and have clinical and histopathologic similarities. Lichen aureus usually presents as asymptomatic golden or rust-colored macules (which may have associated papules or petechiae) on the lower legs. Rarely, lesions may present in a dermatomal distribution.

Etiology is unknown; however, a history of trauma at the site of involvement has been seen (3). Additionally, a recent report described lichen aureus induced by interferon-alpha plus ribavirin (4).

Clinical characteristics alone are usually adequate to diagnose lichen aureus. Typical histologic findings include a dense lymphocytic bandlike infiltrate and numerous hemosiderin-laden macrophages (5). As with the other pigmented purpuras, there is hemorrhage without associated fibroid necrosis in vessel walls.

Lesions are slow to evolve, and while spontaneous resolution has been reported, the lesions may persist for years without change. There are no associated laboratory abnormalities. There has been one case of localized morphea that was preceded by lichen aureus (6).

Treatment is aimed at improving cosmetic appearance or reducing pruritus (if present). No therapy is needed if lesions are

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asymptomatic and not concerning to the patient (7). A variety of therapies have been used for lichen aureus, including topical steroids, topical pimecrolimus 1% cream (8), phototherapy (9), and systemic calcium dobesilate (10), as well as a combination of pentoxifylline and prostacyclin (11).

1. Newton RC, Raimer SS. Pigmented purpuric eruptions. *Dermatol Clin* 1985;3(1):165–169.
2. Bleicher PA, Dover JS, Arndt KA. Lichenoid dermatoses and related disorders. II. Lichen nitidus, lichen sclerosus et atrophicus, benign lichenoid keratoses, lichen aureus, pityriasis lichenoides, and keratosis lichenoides chronica. *J Am Acad Dermatol* 1990;22(4):671–675.
3. Ruiz-Esmenjaud J, Dahl MV. Segmental lichen aureus: onset associated with trauma and puberty. *Arch Dermatol* 1988;124(10):1572–1574.
4. González-Sixto B, García-Doval I, Conde A, Mayo E, Pardavila R, De La Torre C, Cruces M. Lichen aureus induced by interferon-alpha plus ribavirin. *Acta Derm Venereol* 2007;87(1):87–88.
5. Price ML, Jones EW, Calnan CD, MacDonald DM. Lichen aureus: a localized persistent form of pigmented purpuric dermatitis. *Br J Dermatol* 1985;112(3):307–314.
6. Bell HK, Dobson CM, Jackson SP, King CM. Localized morphoea preceded by a pigmented purpuric dermatosis. *Clin Exp Dermatol* 2003;28(4):369–371.
7. Gelmetti C, Cerri D, Grimalt R. Lichen aureus in childhood. *Pediatr Dermatol* 1991;8(4):280–283.
8. Böhm M, Bonsmann G, Luger TA. Resolution of lichen aureus in a 10-year-old child after topical pimecrolimus. *Br J Dermatol* 2004;151(2):519–520.
9. Ling TC, Goulden V, Goodfield MJ. PUVA therapy in lichen aureus. *J Am Acad Dermatol* 2001;45(1):145–146.
10. Agrawal SK, Gandhi V, Bhattacharya SN. Calcium dobesilate (Cd) in pigmented purpuric dermatosis (PPD): a pilot evaluation. *J Dermatol* 2004;31(2):98–103.
11. Lee HW, Lee DK, Chang SE, Lee MW, Choi JH, Moon KC, Koh JK. Segmental lichen aureus: combination therapy with pentoxifylline and prostacyclin. *J Eur Acad Dermatol Venereol* 2006;20(10):1378–1380.