

Image Correspondence

Etched as a Tear Track, Bifurcated at Right Angles: The Patterned Spectrum of Facial Linear Porokeratosis

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Received: 28 June 2025
Accepted: 18 July 2025
Epub Ahead of Print: 28 October 2025
Published: 22 January 2026

DOI
10.25259/IJPGD_144_2025

Quick Response Code:



A 24-year-old woman presented with facial lesions persisting for 4 years. Clinical examination revealed annular plaques with raised, hyperkeratotic edges and central atrophic areas. The plaques were arranged in distinct linear patterns, all following Blaschko's lines. One linear plaque extended from the left medial canthus along the nasolabial fold and another from the medial end of the left eyebrow to the nasal bridge [Figure 1a]. Three others radiated from a single point along the right mandibular margin [Figure 1b]. Dermoscopy showed a well-defined hyperpigmented 'double-edged rim' studded with blue-grey dots [Figure 2a]. Histopathology confirmed porokeratosis through a cornoid lamella [Figure 2b].

Broad-spectrum sunscreen and topical 5% 5-fluorouracil were initiated. Patient is planned for regular follow-up to monitor progression and malignancy risk. Previous reports of



Figure 1: (a) Discrete annular plaques on the right eyelid along with two linear plaques, one extending from medial canthus along nasolabial fold, showing a tear track-like pattern, while the other extending from medial end of eyebrows up to the middle of nasal bridge on the left side of the face. (b) Three linear plaques all arising from a single point on the right mandibular margin, radiating outward in a distinctive right-angled, bifurcated pattern.

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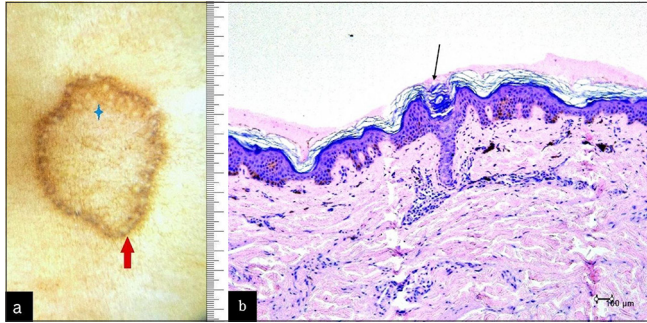


Figure 2: (a) Polarised dermoscopy image (DermLite DL4) showing hyperpigmented double-edged rim (red arrow) with multiple brown to black dots and central skin coloured to hyperpigmented area consisting of brownish and white dots at few places (blue star 10 x). (b) Section shows skin with epidermis showing a coronoid lamella (black arrow). The dermis shows mild perivascular lymphocytic infiltrate. Haematoxylin and Eosin, $\times 100$.

linear porokeratosis have described atypical presentations, including facial involvement along Blaschko's lines or lesions on the palms and proximal extremities.^[1-3] Our case exhibits a unique tear track and right-angled bifurcation configuration on the face, thereby expanding the recognised morphological spectrum of linear porokeratosis.

Ethical approval: Institutional Review Board approval is not required.

Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

1. Basu D, Podder I, Das A. Linear Porokeratosis Over the Face: An Unusual Presentation. *Indian J Paediatr Dermatol* 2016;17:218-20.
2. Nazarian RS, Hosseinipour M, Amin B, Cohen SR. Linear Porokeratosis Presenting in Adulthood: A Diagnostic Challenge: A Case Report. *SAGE Open Med Case Rep* 2020;8:2050313X20919613.
3. Rai T, Ansari MH. A Case of Linear Porokeratosis. *Indian Dermatol Online J* 2023;14:552-3.

How to cite this article: Pathania S, Malhotra K, Suvirya S. Etched as a Tear Track, Bifurcated at Right Angles: The Patterned Spectrum of Facial Linear Porokeratosis. *Indian J Postgrad Dermatol*. 2026;4:116-7. doi: 10.25259/IJPGD_144_2025