Actinic Keratosis of the Scalp Initially Diagnosed as Psoriasis: A Case Report

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Abstract

Background: Actinic keratosis (AK) is a common premalignant skin lesion that develops on chronically sun-exposed areas, particularly in elderly individuals. Due to overlapping clinical features, AK may be misdiagnosed as inflammatory dermatoses, including psoriasis.
Aim: To highlight the potential for misdiagnosis of scalp actinic keratosis as psoriasis and to emphasize the diagnostic value of dermoscopy and histopathology.
Methods: A 79-year-old man with persistent scalp lesions previously diagnosed as psoriasis was clinically evaluated. Dermoscopic examination was performed, followed by histopathological assessment of a skin biopsy.
Results: The patient showed no significant improvement after one year of topical corticosteroid therapy. Dermoscopic findings suggested actinic keratosis, which was subsequently confirmed by histopathology. No evidence of psoriasis was identified.
Conclusions: Diagnostic reassessment is essential in persistent scalp lesions. Dermoscopy and histopathological examination are valuable tools for accurate diagnosis and timely management of actinic keratosis. **(TCM-GMJ June 2026; 12 (2): P55-P56)**

Keywords: Actinic Keratosis; Scalp; Dermoscopy; Histopathology; Squamous Cell Carcinoma; Psoriasis.

Introduction

Actinic keratosis is a UV-induced intraepidermal keratinocytic neoplasm and is considered part of a disease spectrum that may progress to cutaneous squamous cell carcinoma. The scalp is a common site of involvement, especially in elderly men with chronic sun exposure. Clinical similarity to psoriasis may result in diagnostic delays and inappropriate treatment.

Methods

A 79-year-old man with persistent scalp lesions underwent clinical examination, dermoscopic evaluation, and histopathological assessment. Relevant history, treatment response, and lesion morphology were documented.

Results and discussion

The patient had previously been diagnosed with scalp psoriasis and treated by another physician with topical corticosteroids for approximately one year without significant clinical improvement. Upon presentation to our clinic, clinical examination revealed erythematous, poorly demarcated scaly lesions on sun-exposed areas of the scalp. Dermoscopic examination demonstrated an erythematous background with adherent yellow-white scales and keratotic follicular openings, raising suspicion for actinic keratosis. Histopathological examination subsequently confirmed the diagnosis of actinic keratosis and excluded psoriasis.

This case highlights the importance of diagnostic reassessment in patients with persistent scalp lesions that fail to respond to conventional therapy. Because actinic keratosis may clinically resemble psoriasis, it should always be considered in the differential diagnosis of treatment-resistant scaly scalp lesions, particularly in elderly patients with chronic sun exposure. Dermoscopy is a valuable non-invasive diagnostic tool, whereas histopathological examination remains the gold standard for establishing the diagnosis and guiding appropriate management.

Conclusion

Persistent scaly scalp lesions in elderly patients should be carefully reassessed, particularly when treatment is ineffective. Actinic keratosis must be considered in the differential diagnosis of scalp psoriasis. Dermoscopy and histopathological examination remain crucial for establishing an accurate diagnosis and ensuring appropriate management.

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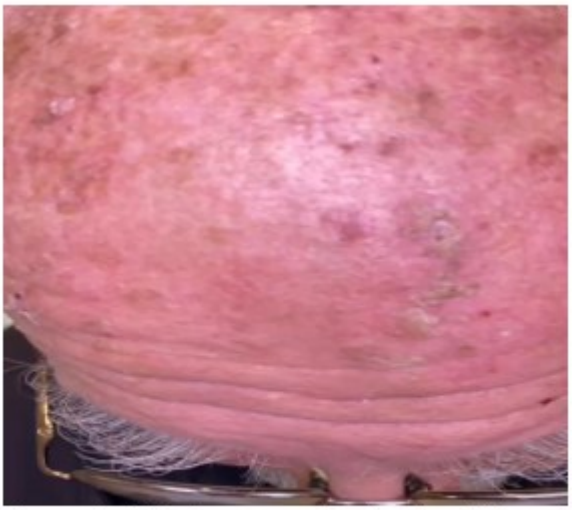

Figure 1: Clinical presentation showing diffuse erythematous, scaly lesions on the chronically sun-exposed scalp of a 79-year-old man.

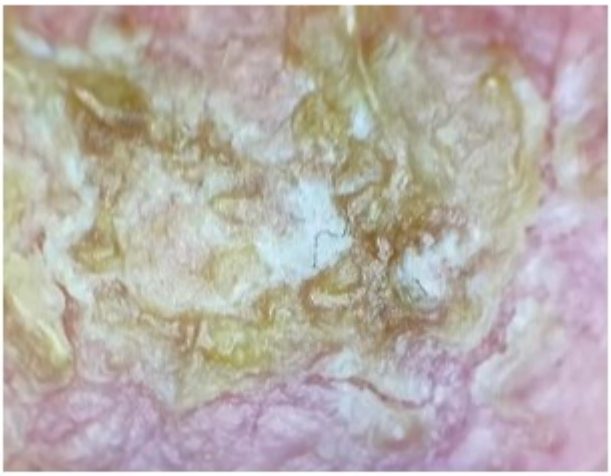

Figure 2: Dermoscopy of a scalp lesion demonstrating an erythematous background with adherent yellow-white scale and keratotic follicular openings, consistent with actinic keratosis.

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