There are 5 subtypes of morphea that are based on disease distribution and presentation, including plaque, localized, generalized, linear, and deep morphea. We report a case of a young patient with morphea lesions in scattered locations confined to 1 side of the body, which we have termed unilateral multisegmental morphea.

**Case Report**

A 7-year-old boy presented with reticulated whorled hyperpigmentation and indurated plaques in scattered locations (ie, arm, back, chest, abdomen, leg) on the left side of his body of 2 years’ duration (Figure 1). No lesions or cutaneous abnormalities were noted on the right side of his body. He reported no systemic symptoms and had no family history of skin disorders. Biopsy results of the lesions showed moderately dense, hyalinized collagen encasing the skin adnexa and focally extending into the subcutaneous fat as well as a sparse perivascular inflammatory infiltrate containing numerous plasma cells, consistent with morphea (Figure 2). Laboratory workup was unremarkable.

**Comment**

Morphea is classified into the following 5 subgroups based on clinical morphologic findings: plaque, localized, generalized, linear, and deep.² Plaque morphea...
Unilateral Multisegmental Morphea

Linear morphea is the most common form in children and adolescents. It is characterized by linear areas of induration that may extend from the dermis and subcutaneous tissue all the way into the muscle and underlying bone, sometimes resulting in limb contractures. Lesions in linear morphea typically are unilateral. En coup de sabre and progressive facial hemiatrophy (Parry-Romberg syndrome) are recognized variants of linear morphea. Two case reports have been published describing 5 cases of unilateral generalized morphea (UGM) in children. These cases identify UGM as a new variant of the linear form of morphea. Our patient presented with a variation of UGM, which we have termed unilateral multisegmental morphea. Unlike the typical characteristics of UGM, our patient presented with areas of obvious sparing on the affected side. Recognition of this unique presentation will undoubtedly be beneficial for clinical diagnosis of this subtype of linear morphea.

REFERENCES


Figure 2. Hyalinized collagen encasing the skin adnexa with extension into the subcutaneous fat as well as a perivascular inflammatory infiltrate with numerous plasma cells (H&E, original magnification ×2).