LICHEN PLANUS

- Inflammatory disorder
- Skin, Mucus memb, Hair & Nails

*Lichen* – symbiotic plants

Surface pattern of papules
PATHOGENESIS

- Immunologically mediated
- Antigen - Cell Surface - Alteration (Virus/Drug) of HLA (foreign)
- Lymphocytotoxic
- Epidermotropism
- Epithelial anchoring disturbed

Genetic susceptibility – HLA-DR I
HISTOPATHOLOGY

• Hyperkeratosis

• Irregular acanthosis

• ↑ granular layer – Wickham’s striae
• Rete ridges – Saw-tooth appearance
• Basal cell degeneration – Colloid bodies
• Melanin incontinence
• Band like inflammatory infiltrate
CLINICAL FEATURES

World wide distribution

Equal sex incidence
5 P’s

• Papules
• Pruritic
• Purple
• Polygonal
• Plain topped

• Wickham’s striae
Any site
Front of wrists
Lumbar region
Ankles
Discrete, groups, lines, annular

Kobner Phenomenon

Flatten - Pigmentation
MUCUS MEMBRANES – 30-70%
(bucal mucosa & tongue)

- White streaks
- White Plaques
- Pigmentation
- Ulcerative
NAILS – 10%

- Thinning of nail plate
- ↑ ridges & longitudinal lines
- Partial destruction of nail
- Pterygium formation

Nail bed – Melanonychia, onycholysis
Hair – Lichen Planopilaris

Spiny follicular lesions

- Atrophic

- cicatricial alopecia
VARIANTS

Site

Penis

– Annular lesions
VARIANTS

Palms/Soles

Firm papules/nodules

Yellowish
• Follicular LP/Lichen Planopilaris

• Linear LP
• Hypertrophic LP
  - legs
- Actinic LP
  - Face
  - Hyperpigmented centre
  - Hypopigmented surrounding zone
• Annular LP
  - Depressed atrophic centre
  - Narrow active margin
• Atrophic LP
  - Follows annular/
  Hypertrophic lesions
• Guttate LP

• LP Pigmentosus
  - Macular hyperpigmentation
• Bullous LP

• LP pemphigoides
COURSE

Onset – insidious

Subside in 9-18 mths

Chronic – Hypertrophic

Mucus membrane
COMPLICATIONS

- Permanent hair loss
- Carcinomatous change in ulcerative (uncommon)
TREATMENT

Symptomatic

• Antihistaminics
• Steroids
  - Topical
  - Occlusive dressings
  - IntraleSIONal
Mouth lesions

- Triamcinolone acetonide 10mg (ml)

Resistant / Extensive Lesions

Systemic

- Prednisolone 15-20mg
• Others

- Griseofulvin
- Dapsone
- Cyclophosphamid
- PUVA
PITYRIASIS ROSEA

• Acute
• Self-limiting 3-6 wks
• Probably infective
• Children & young adults
• Distinctive skin lesions
• Minimal constitutional disturbance
AETIOLOGY

Infective

Epidemiological
- Household clustering
- Seasonal fluctuation
- Preceding respiratory inf.
Clinical

- Primary lesion
- Disseminated 2° eruption
- Self limiting course
VIRAL CAUSE
Picorna virus

DRUGS
• Metronidazole
• Barbiturates
• Captopril
• Ketotifen
HISTOLOGY

Not diagnostic

- Patch parakeratosis
- Spongiosis
- Dermal Oedema
CLINICAL FEATURES

10 - 35 years

HERALD PATCH

- I lesion
- Larger
- Thigh, upper arm, trunk, neck
• Sharply defined
• Bright red
• Round to oval plaque 2-5cm
• Peripheral scaling
After 5 - 15 days

- Crops of lesions
  - 2-3 days interval
- Trunk, proximal limbs
- Discrete, dull pink, oval lesions
- Fine, dry, silvery grey scales at periphery
• Centre wrinkled atrophic appearance
‘Cigarette paper scarring’
“Christmas tree pattern”
• Asymptomatic/slight pruritus
Resolves in 3 – 6 weeks
DIFFERENTIAL DIAGNOSES

- Drug Rash
- Seborrheic Dermatitis
- Secondary Syphilis
- Guttate Psoriasis
TREATMENT

None Required