

LICHEN PLANUS

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

Lichen – symbiotic plants

Surface pattern of papules



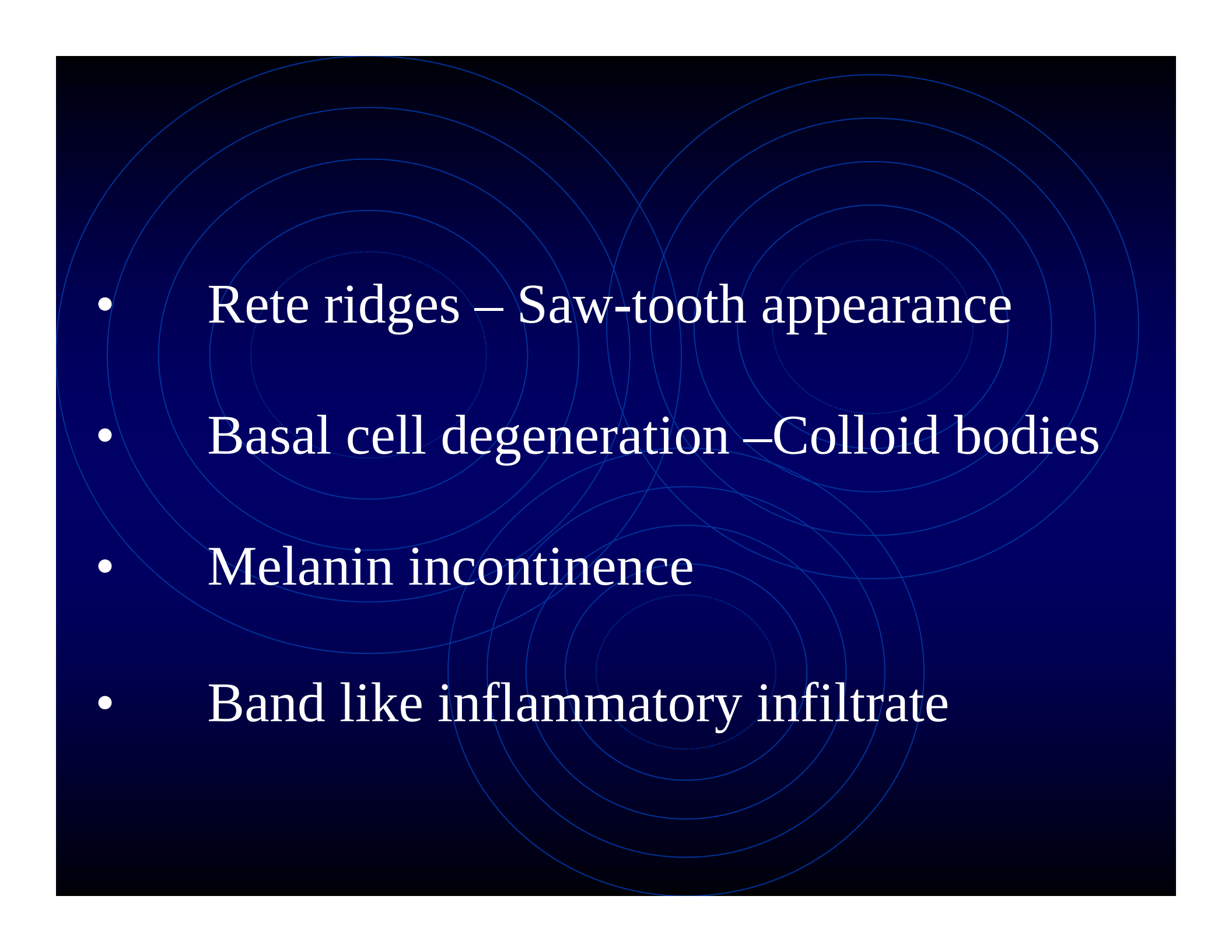
PATHOGENESIS

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

Genetic susceptibility – HLA-DR I

HISTOPATHOLOGY

- Hyperkeratosis
- Irregular acanthosis
- ↑ granular layer – Wickham's striae

- 
- The background of the slide is a dark blue gradient. Overlaid on this background are several sets of concentric circles in a lighter blue color. These circles are arranged in a way that they overlap each other, creating a complex, web-like pattern across the entire slide.
- Rete ridges – Saw-tooth appearance
 - Basal cell degeneration – Colloid bodies
 - Melanin incontinence
 - Band like inflammatory infiltrate

CLINICAL FEATURES

World wide distribution

Equal sex incidence







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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



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MUCUS MEMBRANES – 30-70%

(buccal mucosa & tongue)

- White streaks
- White Plaques
- Pigmentation
- Ulcerative







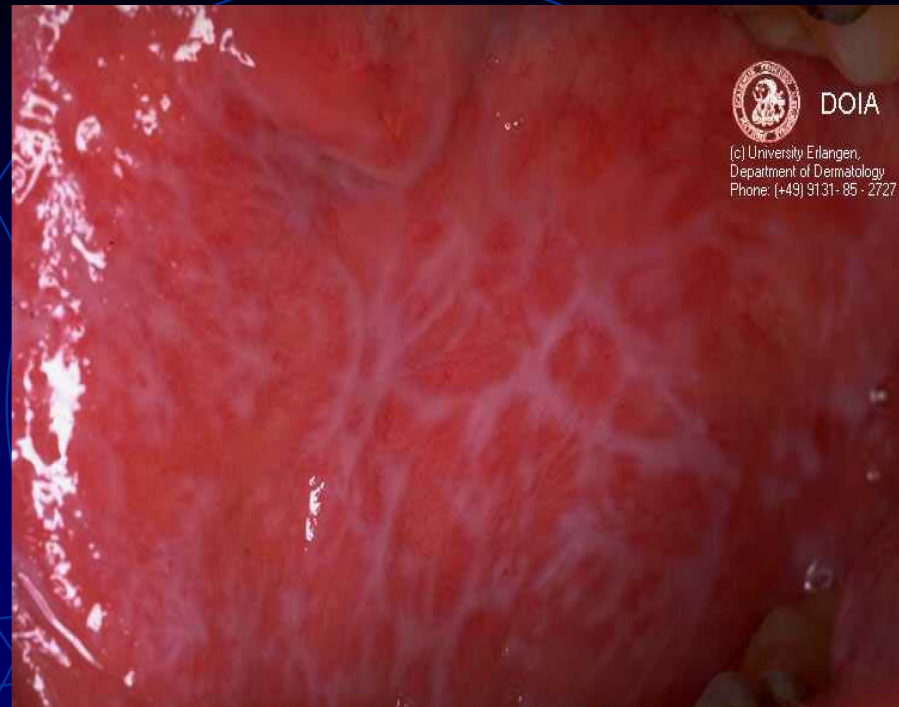
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NAILS – 10%

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



Nail bed – Melanonychia, onycholysis



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Hair – Lichen Planopilaris

Spiny follicular lesions

- Atrophic
- cicatricial alopecia





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VARIANTS

Site

Penis

– Annular lesions



VARIANTS

Palms/Soles

Firm papules/nodules

Yellowish



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- 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





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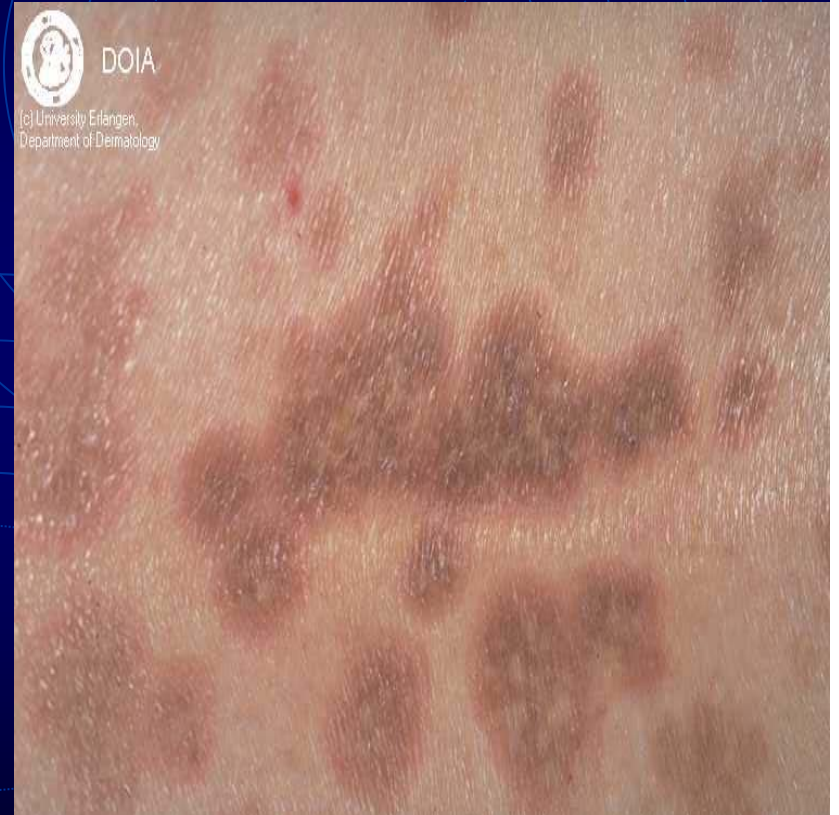
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- Atrophic LP

- Follows annular/

- Hypertrophic lesions



- Guttate LP



- LP Pigmentosus
 - Macular hyperpigmentation

- Bullous LP

- LP pemphigoides



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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

- Cyclophosphanride

- 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

- 1 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
 - 2-3days 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