Lichen planus

Is a chronic mucocutaneous disease that affects the skin, tongue, and oral mucosa.

The lesions are severely pruritic papules or rashes.

The name refers to the dry and undulating, "lichen-like" appearance of affected skin.

The underlying pathology is currently unknown.

Classification: LP may be divided into the following types:

Configuration: Annular or Linear LP

Morphology of lesion: Hypertrophic, Atrophic, Vesiculobullous Ulcerative Follicular Actinic Lichen planus pigmentosus

Site of involvement: Palmoplantar, Mucosal, of the nails, of the scalp (leading to cicatricial alopecia) and Inverse LP

Special forms: Drug-induced, Lupus erythematosus-LP overlap syndrome, LP pemphigoides, Keratosis lichenoides chronic, Lichenoid reaction of graft-versus-host disease, Lichenoid keratosis, Lichenoid dermatitis

Signs and symptoms of lichen planus

- "6 Ps": well-defined Pruritic, Planar, Purple (violaceous), Polygonal Papules and Plaques.
- Commonly affected sites are near the wrist and the ankle.
- The rash tends to heal with prominent blue-black or brownish discoloration that persists for a long time.
- Oral lesions tend to last far longer than cutaneous lichen planus lesions.
- Can resemble Atopic dermatitis and Psoriasis.

3 forms of Oral lichen planus (OLP):

1. The reticular form is the most common presentation and manifests as white lacy (شريطيه) streaks on the mucosa, bilateral and are asymptomatic.
2. The bullous form
3. **The erosive forms** (Atrophic LP & Ulcerative LP)

LP may also affect the genital mucosa – vulvovaginal-gingival lichen planus.

Clinical experience suggests that Lichen planus of the skin alone is easier to treat as compared to one which is associated with oral and genital lesions.

Nail & hair loss is irreversible.

**Nail changes are:**

- Nail involvement in 10% of individuals with disseminated LP
- Nail involvement may be the only manifestation of LP
- Thin nail plate and longitudinal ridging
- Lunula is more elevated than the more distal portion

**Cause of LP:**

LP is not contagious and does not involve any known pathogen

**May be associated with:**

- **Drug** for high blood pressure, heart disease and arthritis
- complication of **chronic hepatitis C virus infection**
- can be a sign of **chronic graft-versus-host disease of the skin**
- The microscopic appearance of LP is pathognomonic for the condition
- Hyperparakeratosis with thickening of the granular cell layer
- Development of a "saw-tooth" appearance of the rete pegs
- Degeneration of the basal cell layer with Civatte or colloid body formation.
- Infiltration of lymphocytic inflammatory cells into the subepithelial layer of connective tissue

**Treatment**

Lichen planus may last few months – 18 ms

LP can flare up years after it is considered cured.

**Medicines used to treat lichen planus include:**

- Systemic antipruritics
- Oral and topical steroids
- Oral retinoids immunosuppressant medications
- Chloroquine
- Tacrolimus
- Dapsone

**Non-drug treatments:**

- UVB Narrow Band Phototherapy,
- Aloe vera and Purslane
Follicular LP (L planopilaris)

- is a follicular form of hair loss which causes cicatricial scarring,
- is considered to have an autoimmune cause.

LP Pigmetosus/actinicus (LP tropicus)

- is more common in Middle Eastern countries in spring and summer, where sunlight appears to have a precipitating effect
- Exposed parts: the face, dorsal hands and arms, and nape of the neck
- Papules that are hyperpigmented and violaceous-brown in color with a thready, rolled edge showing well-defined borders

Erythema dyschromicum perstans

- always before 40 years old,
- Symmetrical and generalized skin lesions

Idiopathic eruptive macular pigmentation

- Occurs in young persons, with an average age of 11
- Asymptomatic widespread brown to gray macules of up to several cms in diameter on the neck, trunk, and proximal extremities

Keratosis lichenoides chronic

- is a rare dermatosis characterized by violaceous papular and nodular lesions
- linear or reticulate pattern on the dorsal hands and feet, extremities, and buttock

Lichen nitidus

- is a chronic inflammatory disease of unknown etiology
- 1–2 mm, discrete and uniform, shiny, flat-topped, pale flesh-colored or reddish-brown papules
- usually affects children and young adults
- is painless and usually nonpruritic
- Linear arrangements of these papules is common (referred to as a Koebner Phenomenon), especially on the forearms

Lichen striatus

- is a common and benign self-limited childhood dermatosis that is easily diagnosed from its classic appearance.
- Onset is between the ages of (3 and 10 years), and it is rare in young infants, adolescents, and adults.
- Pink, flesh-colored, or slightly hypopigmented flat-topped papules that evolve in a linear array following lines of Blaschko
- The linear course of the papules may eventually traverse the major part of an extremity.
- lines of Blaschko
- The area of involvement is often noted to become wider as it advances and may even include the nails.
- Spontaneously regress within (3-12 months), no treatment is needed.
- **Rx:** Immunomodulators (Tacrolimus and pimecrolimus) on the face and extremities.

**Lichen sclerosus (L S et atrophicus) (LSA):**

- **Unknown cause**
- **Women** are more commonly affected than men (10 to 1 ratio),
- Most commonly occurs on the **vulva** and around the **anus** with **ivory-white elevations that may be flat and glistening.**
- marked itching or without any symptoms.

![Lines of Blaschko](image)