

Lichen red plane

Lichen ruber plane - whitish deposits (Wickham's striae) on the knees and ankles **the characteristic features** of which are:

- itchy flat red-brown papules about 1 mm in diameter, waxy,
- typical histopathological findings,
- affecting mucous membranes, hair and nails.

Etiology

The etiology of the disease is unclear. The involvement of cytotoxic T-lymphocytes directed against antigens in the area of the basement membrane is considered. The disease is related to chronic liver diseases (hepatitis C and hepatitis D) and the administration of drugs (beta-blockers).

Clinical picture

Symmetrical seeding of itchy, flat, shiny, polygonal, red-brown papules is typical for lichen planus. On the surface of the papules, Wickham's striae can sometimes be visible - a whitish pattern that is due to hypergranulosis. Hyperpigmentation persists after papules heal.

Predilection locations are:

- volar sides of the wrist,
- cross landscape,
- instep, ankle.

Clinical forms

Exanthematic form

It is a massive acute seeding of small papules, mainly on the trunk, which can turn into erythroderma. Asymptomatic whitish reticular venation on the buccal mucosa may be present (in up to half of patients). In 10% of patients, there are also changes in the nails.

Lichen planus annularis

Manifestations can sometimes be grouped into rings. This form often affects the genitals..

Lichen planus mucosae

It manifests as painful erosions and scarring, especially around the oral cavity and anus.

Lichen planopilaris

The formation of follicular-bound and often confluent pointed hyperkeratotic red papules is characteristic. It can lead to scarring alopecia.

Lichen unguium

There is thinning of the discs, deformation of the discs. Subungual hyperkeratoses can lead to total nail loss.

Lichen palmoplantar

These are diffuse yellow-brown-red hyperkeratoses of the palms and soles, sometimes with ulcerations

Lichen planus verrucosus

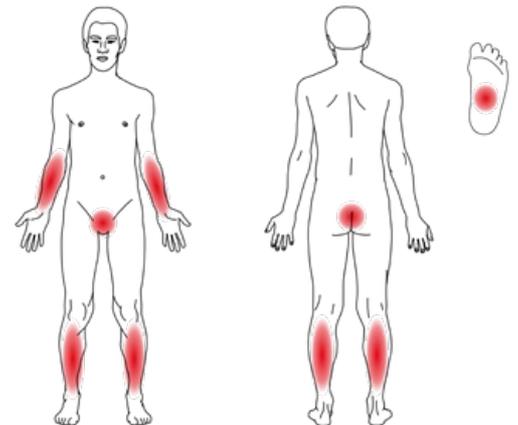
Verrucous raised red-brown lesions appear, often on the shins.

Histopathological finding

- Acanthosis, hypergranulosis, orthohyperkeratosis epidermis,
- mononuclear striated infiltrate in the upper corium penetrating into the lower parts of epidermis, the dermo-epidermoid junction is not sharp, forming "saw teeth",
- vacuolar degeneration of keratinocytes in the basal layer, clusters of cytoid bodies - Civatte bodies,
- loss of melanin in the corium - here the melanin pigment is absorbed by macrophages,
- direct immunofluorescence demonstrates IgM and IgG immunopositivity.



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Lichen unguium

Differential diagnosis

- Psoriasis,
- pityriasis rubra pilaris,
- drug eruptions,
- bullous dermatoses.

Therapy

- Local – corticosteroids, application of immunomodulators (tacrolimus, pimecrolimus), disinfecting rinses for mucosal lesions, local anesthetics.
- General treatment for extensive forms – corticosteroids or retinoids.

Link

Related articles

- Lichenification

References

- ŠTORK, Jiří. *Dermatovenerologie*. 1. edition. Prague : Galén, 2008. 502 pp. ISBN 978-80-7262-371-6.