

Lichen ruber planus

Lichen ruber planus belongs between erythemato-papulo-squamous dermatosis, whose **characteristic characters** are :

- itching flat reddish brown papules around 1& thin sp;mm in diameter, waxy shiny,
- typical histopathological finding,
- disabilities mucous membranes, hair and nails.

Etiology

Etiology the disease is unclear. Participation is considered cytotoxic T-lymphocytes directed against antigens in the area basal membranes. Illness has connection with chronic hepatopathies (hepatitis C and hepatitis D) and administration drugs (beta - blockers).

Clinical image

typical for lichen planus symmetrical sowing itchy, flat, shiny, polygonal, reddish-brown papule. On the surface papule they can be sometimes visible **Wickham's stria** – whitish drawing, which is conditional hypergranulosis. After healing papule they persist hyperpigmentation.

Predilection localization are :

- volar parties wrist,
- cross landscape,
- insteps, ankles.

Clinical forms

Exanthematic form

Acts massive acute sowing petty cash papule mainly on hull which can go to erythroderma. He can be present asymptomatic whitish reticulated venation on buccal mucosa (up to half sick). At 10 % sick people occur and changes on nails

Lichen planus annularis

Speeches sometimes they can be grouped into rings. This form often affects genitalia.

Lichen planus mucosae

Manifests as painful erosions and scarring, especially around cavities oral and anu.

Lichen planopilaris

The emergence is characteristic follicularly bound and often confluent pointed hyperkeratotic red ones papule. He can lead to scarring alopecia.

Lichen unguium

Running out to thinning disc, deformation disk. Subungual hyperkeratosis they can lead up to total loss nails.

Lichen palmoplantaris

It is diffuse reddish-brown hyperkeratosis face and palm, sometimes with ulcerations

Lichen planus verrucosus

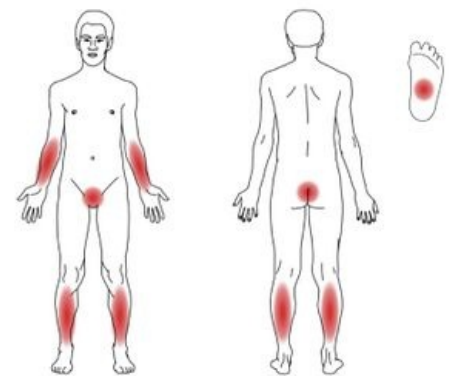
They arise verrucous elevated reddish brown bearings, often on shins.

Histopathological finding

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



Lichen ruber – whitish bearings (Wickham stretch marks) on knee and ankle



Predilection localization



lichen unguium

Differential diagnosis

- Psoriasis,
- pityriasis rubra pilaris,
- medicinal exanthems,
- bullous dermatosis.

Therapy

- Local – corticosteroids, application of immunomodulation (tacrolimus, pimecrolimus), disinfectant lavages in the disabled mucous membranes, local anesthetics.
- Total treatment in extensive forms – corticosteroids or retinoids.

Links

Related articles

- Lichenification

References

- STORK, George, et al. *Dermatovenereology*. 1. edition. Prague : Galen, 2008. 502 pp. ISBN 978-80-7262-371-6.