Lichen planus
Cause

- unknown, but may be mediated immunologically.
- There may be a genetic susceptibility to idiopathic lichen planus
- Rarely, familial.
- Lichen planus is also associated with autoimmune disorders, such as alopecia areata, vitiligo and ulcerative colitis
- Contact allergy to mercury compounds (in dental amalgam fillings) seems to be an important cause of oral lichen planus
- Drugs
- Some patients have a hepatitis C infection.
Presentation

Skin lesions

- Typical lesions are violaceous or lilac-coloured, intensely itchy, flat-topped papules that usually arise on the extremities, particularly on the volar aspects of the wrists and legs
- A close look is needed to see a white streaky pattern on the surface of these papules (Wickham’s striae).
- Patients rub rather than scratch, so that excoriations are uncommon.
- Köbner phenomenon may occur

Variants of lichen planus.

- Annular
- Atrophic
- Bullous
- Follicular
- Hypertrophic
Presentation

Oral and genital skin lesions
- White asymptomatic lacy lines, dots, and occasionally small white plaques, are also found in the mouth, particularly inside the cheeks, in about 50% of patients and oral lesions may be the sole manifestation of the disease.

Nail
- The nails are usually normal, but in about 10% of patients show changes ranging from fine longitudinal grooves to destruction of the entire nail fold and bed

Scalp
- lesions can cause a patchy scarring alopecia.
Fig. 6.3 Shiny flat-topped papules of lichen planus. Note the Wickham’s striae.
Fig. 6.5  Lichen planus: striking Köbner effect on the forearm.
Fig. 6.4 Lichen planus: classic white lacy network lying on the buccal mucosa.
Fig. 6.6 The thickened purplish lesions characteristic of hypertrophic lichen planus on the shins.
Course
- Individual lesions may last for many months and the eruption as a whole tends to last about 1 year.
- the hypertrophic variant often lasts for many years.
- As lesions resolve, they become darker, flatter and leave discrete brown or grey macules.
- About one in six patients will have a recurrence.

Complications
- Nail and hair loss can be permanent
- The ulcerative form of lichen planus in the mouth may lead to squamous cell carcinoma.
- Ulceration, usually over bony prominences, may be disabling, especially if it is on the soles
Differential diagnosis

Lichenoid drug reactions
- can mimic lichen planus closely.
- Gold and other heavy metals, antimalarials, beta-blockers, non-steroidal anti-inflammatory drugs, para-aminobenzoic acid, thiazide diuretics and penicillamine.

Contact with chemicals
- used to develop colour photographic film can also produce similar lesions.

Generalized discoid lupus erythematosus
- it may be hard to differentiate from lichen planus
- Wickham’s striae or oral lesions favour the diagnosis of lichen planus.

Oral candidiasis
Investigations

- histology is characteristic
Treatment

- If drugs are suspected as the cause, they should be stopped and unrelated ones substituted.
- Potent topical steroids.
- Systemic steroid are recommended in special situations (e.g. unusually extensive involvement, nail destruction or painful and erosive oral lichen planus).
- PUVA or narrowband UVB
- Oral ciclosporin or acitretin with stubborn lichen planus.
- Antihistamines may blunt the itch.
- Mucous membrane lesions, both oral and genital need no treatment or use corticosteroid or calcineurin inhibitor.
Pityriasis rosea is a mild inflammatory exanthem characterized by salmon-colored papular and macular lesions that are at first discrete but may become confluent.
Cause

- may be caused by reactivation of either human herpes virus 7 or human herpes virus 6.
- The disease may occur in clusters, both geographical and temporal, and seems not to be contagious.
Presentation

- Pityriasis rosea is common, particularly during the winter.
- It mainly affects children and young adults, and second attacks are rare.
- Most patients develop one plaque (the ‘herald’ or ‘mother’ plaque) before the others: It is larger (2–5 cm diameter) than later lesions, and is rounder, redder and more scaly.
- After several days many smaller plaques appear, mainly on the trunk, but some also on the neck and extremities.
- About half of patients complain of itching. An individual plaque is oval, salmon pink and shows a delicate scaling, adherent peripherally as a collarette.
- Their longitudinal axes run down and out from the spine in a ‘fir tree’ pattern, along the lines of the ribs.
The herald plaque of pityriasis rosea is usually on the trunk and is larger than the other lesions. Its annular configuration is shown well here.
Herald patch of pityriasis rosea
Extensive pityriasis rosea showing a ‘fir tree’ distribution on the back.
Pityriasis rosea
Course

- The herald plaque precedes the generalized eruption by several days.
- Subsequent lesions enlarge over the first week or two.
- A minority of patients have systemic symptoms such as aching and tiredness.
- The eruption lasts 2–10 weeks and then resolves spontaneously, sometimes leaving hyperpigmented patches that fade more slowly.
Differential diagnosis

- Although herald plaques are often mistaken for ringworm (tinea corporis), the two disorders most likely to be misdiagnosed early in the general eruption are guttate psoriasis and secondary syphilis.
- Tinea corporis and pityriasis versicolor can be distinguished by the microscopical examination of scales,
- secondary syphilis by its other features (mouth lesions, palmar lesions, condylomata lata, lymphadenopathy, alopecia) and by serology.
- Gold and captopril are the drugs most likely to cause a pityriasis rosea-like drug reaction, but barbiturates, penicillamine, some antibiotics and other drugs can also do so.
Treatment

- No treatment is curative, and active treatment is seldom needed.
- A moderately potent topical steroid or calamine lotion will help the itching.
- One per cent salicylic acid in soft white paraffin or emulsifying ointment reduces scaling.
- Sunlight or artificial UVB often relieves pruritus and may hasten resolution.
- So far, treatment with antiviral agents has not been helpful.