

How to Diagnose- The Lichen Planus



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These are groups of flat topped erythematous or purplish papules showing a criss-cross appearance on the surface often seen on the flexor surface of the skin with symmetric distribution. It is an uncommon acute, sub acute or chronic disorder of the skin and mucous membranes characterized by purplish, polyhedral, flat-topped, itching papules occurring mostly on the flexor surfaces and in the mouth. The name lichen is derived from the resemblance it has to the purplish lichens that grow on trees in the hills.

The three main features of Lichen planus are

- Typical pruritic skin lesions.
- Mucosal lesions.
- Band like infiltration of melanophages and lymphocytes in the dermis.

ETIOLOGY

- 1) Exact etiology is unknown, Nervous and mental tension/trauma may predispose.
- 2) Associated with the Disease-Myasthenia gravis with thymoma, graft versus host dis-

ease.

- 3) Drug Induced: Sulphonamides, Sulphonylureas, Tetracyclines, Chloroquine, Quinidine, Quinacrine, Antimony, Iodides, Phenothiazines, Chlorothiazide, Hydrochlorothiazide etc.

PATHOLOGY

At the epidermodermal junction band-like intication of melanophage, histocyte is seen. At the same site immunoglobulin mainly I gm deposits are seen.

CLINICAL FEATURES

- a) AGE: Young adults and children. Sex: Both
- b) The lesion first appears on the flexor aspect of upper and lower limbs, over the axillae and on the abdomen, fore arms, wrist, legs, genitalia and on face symmetrically.
- c) The typical lesion consists of polygonal and pleomorphic papules which are very small at the outset but gradually become pea-sized with violet colour.
- d) Papules may enlarge with clearing of the



center called Lichen planus anularis.

- e) Mucosal lichen planus has been reported in conjunctivae, larynx, G I Tract including anorectal region and genitalia. A special form of erosive lichen planus is seen on palms and soles which are very much disabling. Rarely the hair and nails are also affected.
- f) Post-inflammatory hyper pigmentation commonly ensues. Squamous cell carcinoma may also develop.

VARIATIONS OF LICHEN PLANUS

- 1) **ANNULAR LICHEN PLANUS:** Ringed lesions with central clearing and raised firm periphery.
- 2) **ACUTE GENERALIZED LICHEN PLANUS:** The onset is sudden, the course short and the rash is generalized. In the early stages, the eruption may not be typical, but characteristic lesion soon becomes visible. It may merge into chronic lichen planus.
- 3) **LICHEN PLANUS VERRUCOSUS:** It occurs as hyperkeratotic, verrucous nodules and patches on the legs. It may occur as such, but is usually accompanied by typical lesions on the legs, wrists, fore arms etc. Itching is severe.
- 4) **LINEAR OR HERPES:** Zoster lichen planus: The linear form, common in children, is seen on the extremities or the face. The lesions rarely occur along the segmental distribution of nerves; when they do, the condition may be confused with herpes-zoster or nervous unius lateralis.
- 5) **LICHEN PLANO-PILARIS:** It is usually seen as acuminate, follicular papules with horny spines, accompanied by flat, lichenoid lesions on the chest, back and upper arms.
- 6) **BULLOUS AND ATROPHIC FORMS:** These forms of lichen planus are rare.

INVESTIGATIONS

- 1) Demonstrations of typical lesions: Polyhedral, firm, violaceous, flat-topped papules with Wickham's striae very thin adherent scales.
- 2) Distribution on the flexors, genitalia and mouth.
- 3) Pruritus.
- 4) A chronic course.
- 5) A typical histology.

PROGNOSIS

Lichen planus is a chronic disease lasting for years. The disease occurs only once in a life-time, more than one attack is rare. On involution, there is pigmentation which takes a long time to disappear. There is usually no constitutional disturbance.

A CASE

Miss KD, 13 yrs/F, student studying in class 12, residing in Jabalpur, complained of black spot on the Flexor surface of body, with slight itching on the lesion. Also there were papules with enlarged clearing in the center. These lesions were spread over different parts of body. The patient was restless with burning thirst. I prescribed *Ars* 200 1dose with placebo for a month. There was, 50% improvement, on observation. Again placebo was prescribed for a month. The patient came after 2 months with 60% improvement; again I prescribed *Ars-alb* 200 with placebo for a month. The case is still under treatment and observation.

HOMOEOPATHIC MEDICINES

Here is the list of some other remedies which are useful in treating lichen planus.

Ant-crud, Ars, Bell, Calad, Kreos, Led-pal, Lycw, Phyto, Rumex, Sulph, Sulph-iod.

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