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Inverse lichen planus

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A Case of Inverse Lichen Planus Title Page

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A Case of Inverse Lichen Planus

Lichen planus (LP) is a pruritic, papular eruption characterized by its violaceous color and polygonal shape. It is most commonly found on the flexor surfaces of the upper extremities, on the genitalia, and on the mucous membranes. We herein report a classic case of LP in an inverse distribution.

Report of a Case

A 61 year old African American female presents to the ER with a rash. She is a poor historian but states it started one week ago and is located in her axilla, neck, and inframammary regions. She reports no modifying factors, notes it is very itchy, denies any attempted treatment.

On physical exam, we see violaceous, shiny, polygonal papules coalescing into plaques in the axilla, neck, and inframammary regions. A punch biopsy from the R shoulder area reveals a band-like infiltrate of lymphocytes, which obscures the dermo-epidermal junction, associated with an epidermis that is altered by jagged epidermal hyperplasia, foci of hypergranulosis, compact orthokeratosis, and presence of necrotic keratinocytes. This is consistent with a diagnosis of lichen planus in an “inverse” distribution.

The patient was treated with Prednisone 20mg qday x 7 days, then 10mg qday x 7 days and Triamcinolone Cream to be applied BID x 1 week with minimal benefit. She is currently commencing narrowband UVB treatment as an outpatient.

Comment

A literature search with the search term “Inverse Lichen Planus” was not fruitful. A MEDLINE/Pubmed search produced 2 articles, one¹ discussing the entity of inverse lichen planus pigmentosus and a historic article² discussing annular inverse lichen planus in patients from subtropical countries. Our patient does not clinically resemble previously published cases.

Lichen planus is a disease with classic morphology and the diagnosis of inverse lichen planus appears to have been rendered when lichen planus affects certain locations. However, there does not appear to be significant literature specifically addressing the entity of inverse lichen planus.

1. Pock L, Jelínková L, Drlík L, Abrahámová S, Vojtechovská S, Sezemská D, Borodáčová I, Hercogová J. Lichen planus pigmentosus-inversus. J Eur Acad Dermatol Venereol. 2001 Sep;15(5):452-4.

2. DOSTROVSKY A, SAGHER F. Lichen planus in subtropical countries; study of an annular type with inverse localization (uncovered surfaces of the skin). Arch Derm Syphilol. 1949 Mar;59(3):308-28.