Lichen planus

- **Treatment**
  - **difficult**
  - if drugs are suspected
    - Stop them
  - Systemic steroid
    - extensive involvement
    - nail destruction
    - painful and erosive oral
  - photochemotherapy
    - reduce pruritus
  - Resistant cases
    - Oral ciclosporin
    - acitretin
  - Antihistamines
    - For itching
  - Mucous membrane
    - Usually asymptotic
    - If symptomatic
      - Topical
        - corticosteroid
        - tacrolimus
- **Course**
  - Individual lesions may last for many months
  - hypertrophic variant
    - For many years
  - As lesions resolve
    - become darker
    - flatter
    - leave discrete brown or grey macules
- **Investigations**
  - biopsy
    - Hyperkeratosis
    - Prominent granular layer
    - Basal cell degeneration
    - Sawtooth dermo-epidermal junction
    - Colloid bodies
    - Band-like upper dermal lymphocytic infiltrate
- **Differential diagnosis**
  - other papulosquamous diseases
  - Drug eruption
    - Gold and other heavy metals
  - discoid lupus erythematosus
  - Oral candidiasis
- **Complications**
  - Nail and hair loss can be permanent
  - ulcerative form
    - squamous cell carcinoma
- **Presentation**
  - mediated immunologically
  - genetic susceptibility
  - associated with autoimmune disorders
    - alopecia areata
    - vitiligo
    - ulcerative colitis
  - **5p's**
    - **plain**
    - **purple**
    - **pruritic**
    - **papule**
    - **polygonal**
  - papules
    - violaceous
    - intensely itchy
    - flat-topped
    - on extremities
      - wrists
      - legs
  - Wickham's striae
    - white streaky pattern on the surface of these papules
  - in mouth
    - lacy lines
    - dots
    - white plaques
    - Ulcers
      - SCC
  - genital skin
  - excoriations are uncommon
    - Since patients rub and not scratch
  - nails
    - Groves
      - Longitudinal
    - Ptyrigium
      - inward advance of skin over the nail plate
    - Thinning
    - destruction
  - Scalp
    - patchy scarring alopecia.