

Blaschkoian Lichen Planus- A rare presentation

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I. Introduction

Lichen planus (LP) is common immune mediated papulosquamous disorder characterized by pruritic, flat topped papular eruptions. Common variants of LP include eruptive generalized LP, hypertrophic LP, mucosal LP, follicular LP etc. We report a rare presentation of LP with lesions present along the lines of blaschko with polymorphic appearance.

II. Case Report

A 19 year old male presented with multiple asymptomatic dark coloured skin lesions over the right upper trunk and back of one year duration. On dermatological examination, multiple discrete flat topped hyper pigmented papules and plaques arranged transversely in S shaped manner were seen on the right side of chest extending to the back. Hyper pigmented minimally elevated plaques with central atrophy and prominent raised borders were also seen. In addition, linear verrucous hyperkeratotic well marginated plaque was seen over the medial side of the right palm.

Based on the clinical features, we considered the following differential diagnosis:

1. Segmental Lichen Planus
2. Segmental Porokeratosis
3. Segmental Darriers disease
4. blaschkoian lichen planus was considered.

FIGURE: 1



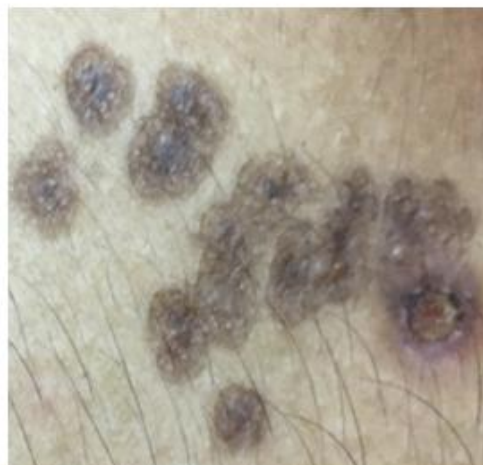
FIGURE: 2



FIGURE: 3



FIGURE: 4



INVESTIGATION

Hb – 11gm%
ESR–25mm/hr
Sr .creatinine-0.6 mg/dl
Rbs -128 mg/dl
SGOT -28 U
SGPT-32U
Sr.bilirubin -0.8mg/dl

HbsAg -NR
HCV - NR

III. Histopathological Examination

The epidermis displays atrophy throughout associated with orthokeratosis and follicular plugging. There is diffuse vacuolar interface dermatitis throughout, associated with marked melanin incontinence and basement membrane thickening. There is perivascular and perifollicular lymphocytic infiltrate in upper dermis.

FIGURE: 5

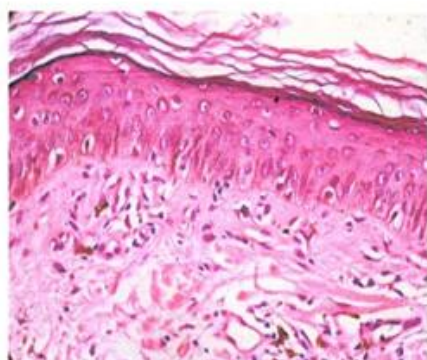
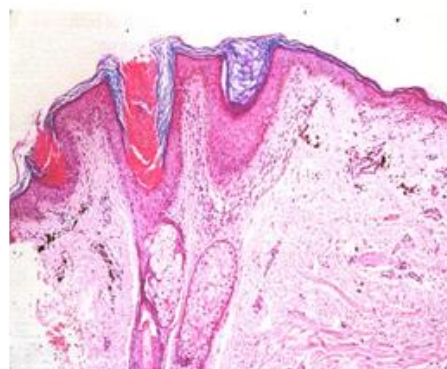


FIGURE: 6



These findings were suggestive of Blaschkoian Lichen Planus.

IV. Treatment

The patient was treated with oral Acitretin 25mg daily for 8 weeks with excellent improvement of body and palmar lesions. Anti histamines and topical steroids were also prescribed.

V. Discussion

Lines of Blaschko are lines that represent the boundaries between normal and mutant skin due to mosaicism, and do not correspond to any vascular, lymphatic or neural structures. BL have specific configurations on each site of the body these are V-shaped over the upper spine, S-shaped over the abdomen,

and U-shaped on the chest and upper arm and perpendicular on the extremities. Blaschko lines are pattern assumed by many different nevoid and acquired skin diseases.

Linear LP differs from usual linear lesions of LP which is frequently due to koebners phenomenon, segmental LP or zosteriform LP. It must also be differentiated with lichenoid epidermal nevus, lichen striatus, linear psoriasis or inflammatory linear verrucous epidermal nevus. Blaschkoid LP is not associated with Hepatitis C or hepatocellular carcinomas while other varieties of linear LP can show such an association.

The present case had atypical features such as total absence of pruritus, linear distribution of lesions along blaschko lines and polymorphic lesions. LP should be considered in all acquired skin eruptions presenting along the blaschko lines.

VI. Conclusion

Lichen planus in a Blaschkoid distribution is rare with only some case reports published till date. A correct diagnosis of Blaschkoid LP and its differentiation from other causes of linear LP is important as unlike the former, the latter is associated with systemic diseases. The recognition of this rare entity will prevent unnecessary investigations, cutting monetary costs, saving time and will also prevent undue anxiety in the patient.

References

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