

Dermoscopy of Isolated Lip Lichen Planus

A 50-year-old male presented with asymptomatic, raised lesions on both the lips for the past 4 months. The lesions initially started as a single, tiny papule on the upper lip which gradually increased to involve both lips. On examination, multiple violaceous, round to oval plaques, with mild scaling were present on both the lips (upper > lower) [Figure 1]. Examination of the skin, hair, nails and buccal mucosa was normal. Differential diagnosis of lichen planus, discoid lupus erythematosus (DLE) and actinic cheilitis were considered.

On dermoscopy (Dermlite DL4; 10X), the smaller lesion showed multiple areas of Wickham striae (WS) with radial streaming pattern on the upper lip and linear pattern on the lower lip. Areas of scaling were predominantly seen on the upper lip and glomerular vessels were prominent on the lower lip [Figure 2a]. In addition, we noticed a linear pattern of WS with branching on either side in the larger lesion, along with scaling and a background of violaceous hue [Figure 2b]. Histopathology confirmed the diagnosis of lichen planus [Figure 3a and b].

Dermoscopy of cutaneous and oral lichen planus have been described in many studies which show specific findings such as WS along with different vascular patterns. On dermoscopic- histopathological correlation, WS correlates with the wedge-shaped hypergranulosis. The whitish scales represent compact hyperkeratosis and the violaceous hue might correspond to inflammatory infiltrate and dermal melanophages. Güngör *et al.* described various patterns of WS in cutaneous lichen planus like reticular, circular, linear, globular, radial streaming, perpendicular, veil-like and combined.^[1] Vascular patterns like red dots, red globules, radial linear and peripheral homogenous have also been



Figure 1: Multiple violaceous, round to oval plaques with mild scaling were seen over both the lips (upper > lower)

described by them.^[1] However, dermoscopy of lichen planus with exclusive lip involvement is not widely reported and to the best of our knowledge, there are only two such reports. Mathur *et al.* has reported a case of isolated lichen planus of lower lip and observed WS with two different patterns (linear and circular) along with diffuse scaling and violaceous background on dermoscopy.^[2] The other report is published in Korean language.^[3]

One of the closest differentials is labial DLE, which on dermoscopy will show telangiectasia (hair pin and storiform patterns), brown pigment spots, scales, white structureless areas, bleeding spots and erosions.^[4] The presence of ill-demarcated

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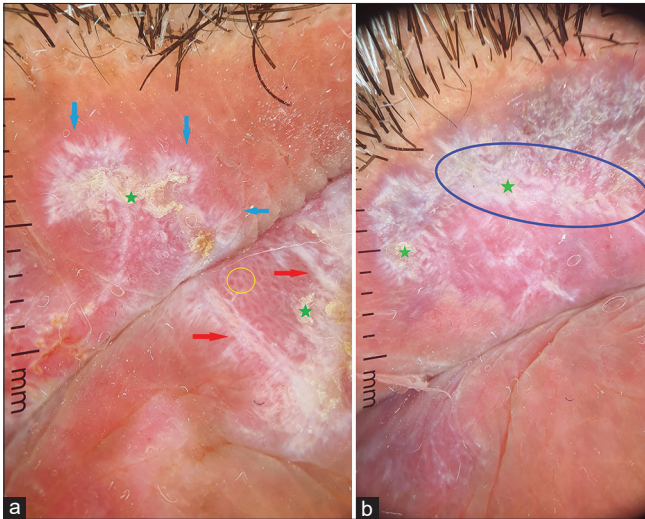


Figure 2: (a): Dermoscopic image showing multiple areas of WS with radial streaming pattern on the upper lip (blue arrows) and linear pattern on the lower lip (red arrows), areas of scaling (green stars) and multiple glomerular vessels (yellow circle). (b): Dermoscopic image showing linear pattern of WS with branching on either side (blue oval) and scaling (green stars) (Polarized contact light dermoscopy; DermLite DL4; 10X)

lesion borders, white-colored projections, 'island'-like structures and radially arranged vascular telangiectasia surrounding ulcerated areas on dermoscopy point towards actinic cheilitis.^[5] None of these features were seen in this case.

We report our case to highlight the dermoscopic features of lichen planus with isolated lip involvement, which can help in preliminary evaluation and give useful clues regarding the diagnosis and distinguish it from other disorders such as DLE and actinic cheilitis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not

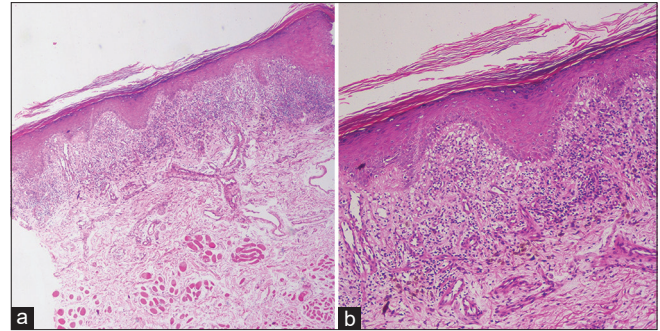


Figure 3: (a): Photomicrograph showing hyperkeratosis, saw-toothed rete ridges, wedge-shaped hypergranulosis and band of inflammatory infiltrate (H&E stain, 4X). (b): Photomicrograph showing basal vacuolar damage and melanophages in mid dermis (H&E stain, 10X)

be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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