Dermoscopic features of acute widespread lichen planus

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To the Editor: Lichen planus is an inflammatory condition characterized by polygonal, discrete, and violaceous papules.[1] Here, we report the dermoscopic features of two patients diagnosed with acute widespread lichen planus.

Patient 1 was a 63-year-old woman who presented a 3-month history of itchy rash on limbs and trunk. Three months ago, the patient suffered from bad cold with cough and runny nose. She took acetaminophen (Tylenol) for treatment (acetaminophen had been taken for numerous times) and recovered after 10 days. Subsequently, the patient noted a mildly pruritic papular eruption involving her abdomen and sacrococcygeal region. This eruption progressed to involve her arms and legs. Physical examination revealed multiple violaceous round papules and plaques over her abdomen, sacrococcygeal region, arms, and legs [Figure 1A]. Wickham striae could be barely observed on the lesions. No oral lesions were present. Hepatitis serology was negative. We examined the lesions on the sacrococcygeal region with dermoscopy (CH-DSISI-2000, desktop dermoscopy, Guangzhou Chuanghong Medical Technology Co., Ltd, China). The results showed annular crystalline white striae accompanied with prominent linear vessels at the periphery with a characteristic radial distribution [Figure 1B]. The diagnosis was confirmed by biopsy. The histology showed wedge-shaped hypergranulosis, acanthosis, liquefaction degeneration of basal cells, and band-like dermal lymphohistiocytic infiltration [Figure 1C]. The patient was treated with topical halometasone cream and tacrolimus ointment, which were applied daily to the lesions. The patient refused to take oral corticosteroid. During the 2 weeks of follow-up, the patient's condition improved. Over the next 2 weeks, she continued topical treatment and had further recovery.

Patient 2 was a 38-year-old man who presented a 1-month history of itchy rash on his limbs and trunk. One month ago, the patient experienced upper respiratory tract infection and coughed for a week. The patient took no medication. After recovery, he discovered reddish-brown plaques on his palms, and papules and plaques gradually progressed to his limbs and trunk, several of which were slightly scaly. Physical examination revealed violaceous polygonal flat-topped, 1 to 2 cm large papules and plaques on his limbs and trunk [Figure 1D]. The palms showed brown plaques with peripheral hyperpigmentation. The patient also exhibited a reticular, white pattern on the oral mucosa. Hepatitis and syphilis serology were negative. The dermoscopy results showed an annular and arboriform whitish line interspersed with linear and dotted vessels [Figure 1E]. The histology showed wedge-shaped hypergranulosis, acanthosis, basal-layer liquefaction degeneration, and lymphocytic infiltration at the epidermal-dermal junction [Figure 1F]. The patient was injected with compound betamethasone (1 mL), and topical halometasone cream and tacrolimus ointment were applied daily to the lesions. After 2 weeks, the patient's condition improved, and he was still followed-up.

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

Conflicts of interest

None.

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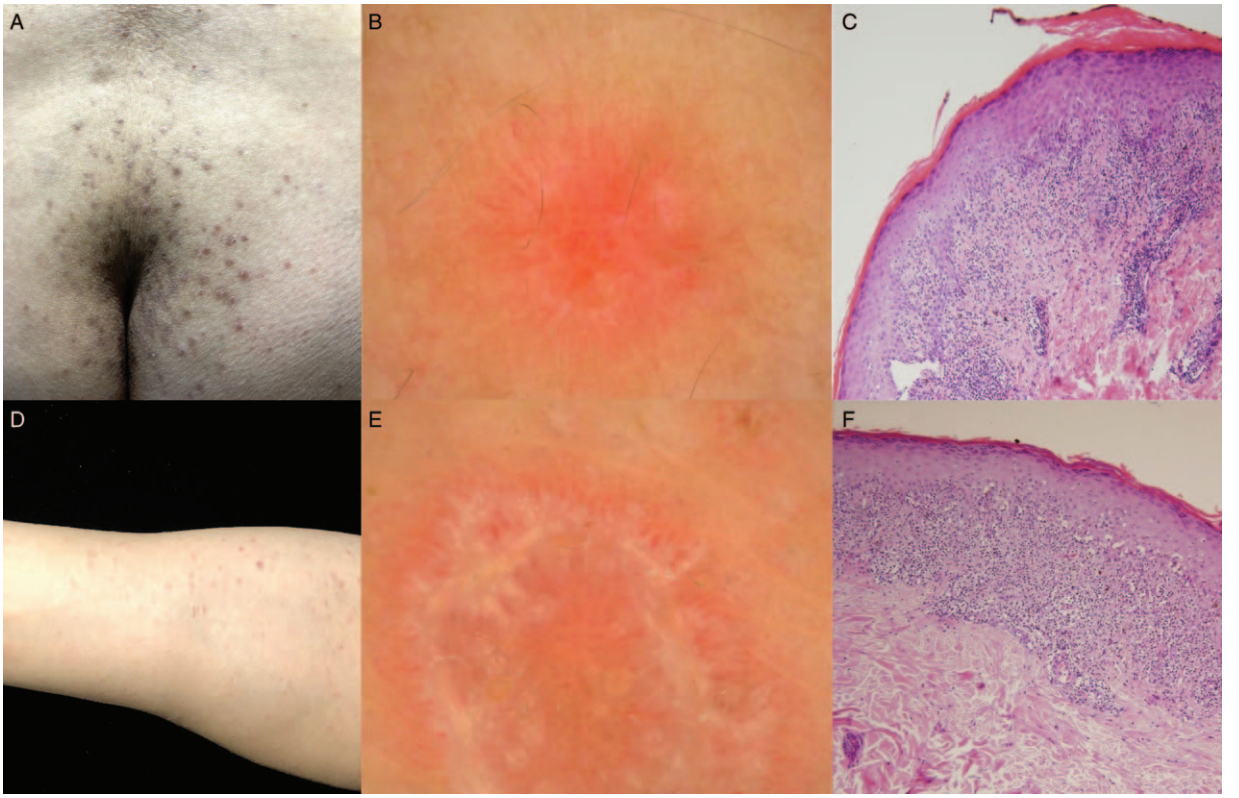

Figure 1: Lesions and dermoscopic features of the patients. (A) Multiple violaceous polygonal papule and plaques over the sacrococcygeal region of patient 1. (B) Dermoscopic changes are shown as annular crystalline white striae accompanied with prominent linear vessels at the periphery with characteristic radial distribution (polarized-light pattern, non-contact, original magnification ×50). (C) The histology showed wedge-shaped hypergranulosis, acanthosis, basal-layer liquefaction degeneration, and band-like dermal lymphohistiocytic infiltration (hematoxylin-eosin staining, original magnification ×100). (D) Multiple violaceous polygonal papules on the forearm of patient 2. (E) Dermoscopic changes are shown as an annular and arboriform whitish line, interspersed with linear and dotted vessels (polarized-light pattern, non-contact, original magnification ×50). (F) The histology showed wedge-shaped hypergranulosis, acanthosis, basal layer liquefaction degeneration, and lymphocytic infiltration (hematoxylin-eosin staining, original magnification ×100).

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