INTRODUCTION

In 2001 Pock et al proposed the term lichen planus pigmentosus inversus (LPPi) after reporting seven Caucasian patients who presented with lichen planus pigmentosus limited to intertriginous and flexural areas. There has been debate in the literature whether LPPI represents a unique disease entity or if it is a variant of LPP. LPPi may present in any skin type, and lesions typically appear on non-sun-exposed areas as non-pruritic macules that may coalesce into patches. Diagnosis is made with a correlation of clinical history, presentation, and biopsy results. We present a rare case report of LPPI with lesions similar in clinical appearance to LPP but with inverse distribution in non-sun-exposed locations. Recognition and diagnosis of this rare disease requires direct clinical-pathologic correlation in order to prevent confusion of this disease with other similar entities.

CASE PRESENTATION

A 66 year old female with no significant medical history presented to the dermatology clinic with a non-pruritic violaceous macules on the bilateral medial thighs and superior gluteal crease. She denied pruritus, trauma, or exposure to causative agents. A thorough history and physical examination revealed well-demarcated hyperpigmented lesions without atrophy or lichenification. The patient was started on Fluticasone propionate 0.05% cream twice daily.

Lichen Planus Pigmentosus Inversus: The Fraternal Twin of Lichen Planus Pigmentosus

Trevor Batty, DO (PGY-3), Brandon Basehore, DO (PGY-2), Asfa Akhtar, DO, FAOCD, FAAD

1Broward Health Medical Center Dermatology Residency, Fort Lauderdale, FL; 2Department of Dermatology, Cleveland Clinic Florida

DISCUSSION

Lichen planus pigmentosus (LPP), a variant of lichen planus, was initially reported in 1974 by Bhatia et al. This case study reported dark macules that may coalesce into patches. Diagnosis is made with a correlation of clinical history, presentation, and biopsy results. We present a rare case report of LPPI with lesions similar in clinical appearance to LPP but with inverse distribution in non-sun-exposed locations. Recognition and diagnosis of this rare disease requires direct clinical-pathologic correlation in order to prevent confusion of this disease with other similar entities.

REFERENCES