



# LICHEN PLANUS

<http://www.aocd.org>

Lichen planus is a relatively common skin disease that comes in episodes lasting months to years. The onset may be gradual or quick, but its cause, like many skin diseases, is unknown. It appears to be a reaction in response to more than one provoking factor. Theories include stress, genetics, infective (viral hepatitis C) and immunologic (autoimmune). There are also drugs that produce lichen planus-like allergic reactions to high blood pressure, heart disease, and arthritis medications. There is an inherited form also which is often more severe and can have a protracted course.

Lichen planus appears as shiny, flat-topped bumps that often have an angular shape. These bumps have a reddish-purplish color with a shiny cast due to a very fine scale. The disease can occur anywhere on the skin, but often favors the inside of the wrists and ankles, the lower legs, back, and neck. The mouth, genital region, hair and nails are affected in some individuals. Thick patches may occur, especially on the shins. Blisters may rarely occur. Bumps may appear in areas of trauma on some individuals. About 20 percent of the time lichen planus of the skin causes minimal symptoms and needs no treatment. However, in many cases the itching can be constant and intense.

This disease occurs most often in men and women between the ages of 30 and 70 years. It is uncommon in the very young and elderly. All racial groups seem susceptible to lichen planus.

There is no known cure for skin lichen planus, but treatment is often effective in relieving itching and improving the appearance of the rash until it goes away. Since every case of lichen planus is different, no one treatment does the job. **Topical corticosteroids** are very useful. **Antihistamines** may be prescribed to relieve itching. Extensive cases may require the use of **oral corticosteroid** (cortisone, prednisone) for a number of weeks. This usually shortens the duration of the outbreak. For severe cases powerful treatments include photo chemotherapy light treatment (**PUVA**), the retinoids drugs (**Soriatane** and **Accutane**), **cyclosporine** and **hydroxychloroquine**.

Other helpful measures include soothing baths (Aveeno Colloidal Oatmeal, Nutrasoothe) and the application of wet dressings (tap water, Burows solution 1:40) to the affected areas to help reduce itching. Also, the use of lotions containing anti-itch ingredients such as menthol, pramoxine and phenol (Sarna, Aveeno cream, Prax, Itch-X) may be helpful.

As it heals, lichen planus often leaves a dark brown discoloration of the skin. Like the bumps themselves, these stains may eventually fade with time without treatment. About one out of five people will have a second attack of lichen planus.

## Special cases

### Lichen Planus of the Mouth

Lichen planus of the mouth most commonly affects the inside of the cheeks, gums and tongue. Oral lichen planus is more difficult to treat and typically lasts longer than skin lichen planus. Fortunately, most cases of lichen planus of the mouth cause minimal problems. About a third of all people who have oral lichen planus also have skin lichen planus. Women may also have lichen planus of the vaginal area.

Oral lichen planus typically appears as patches of fine white lines and dots. These changes usually do not cause symptoms. Dentists during routine check-ups often find them. More severe forms of oral lichen planus can cause painful sores and ulcers in the mouth.

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Often a **biopsy** of affected tissue is needed to confirm a diagnosis of lichen planus. Sometimes, several biopsies are needed at various times, along with blood tests. It is common for a yeast infection to be present with lichen planus. In these cases, the yeast infection is usually treated first. The treatment often improves the lichen planus. There have been cases of lichen planus like allergic reactions to gold and mercury in dental materials but they are rare.

When lichen planus is very severe, especially if the underside of the tongue is involved, there is a slightly increased risk of developing oral cancer. If this is present, avoid the use of alcohol and tobacco products, which also increase the risk. Schedule visits to the dentist and exams for oral cancer at least twice a year.

## **Nail Involvement**

Nail changes have been reported in about 10 percent of lichen planus cases. The majority of nail changes result from damage to the nail matrix, or nail root. Usually only a few fingernails or toenails are involved, but occasionally are all affected. Nail changes associated with lichen planus include longitudinal ridging and grooving, splitting, nail thinning and nail loss. In severe cases, the nail may be temporarily or permanently destroyed.

## **Hair Involvement**

Lichen Planopilaris is the specific name given to lichen planus on the scalp that causes permanent scarring alopecia with inflammation around affected hair follicles. It mostly affects middle-aged adults as distinct patches of hair loss. Treatment includes **oral steroids** (to get it under quick control) plus topical steroid liquids, and the oral medications **Accutane** or **hydroxychloroquine**. More information about scarring (cicatricial) alopecia can be found at the Cicatricial Alopecia Research Foundation: [www.carfintl.org](http://www.carfintl.org).

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