



LICHEN SPINULOSUS

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Lichen spinulosus (LS) is a benign skin condition that presents with patches of stippled and spiny papules. The patches vary in size from 2 - 6 cm and are symmetrically distributed on elbows, knees, buttocks, and the trunk. Individual papules are flesh-colored and 1 - 3 mm, centering on hair follicles. The lesions are said to feel like a nutmeg grater.

Although rare, lichen spinulosus seems to affect children, adolescents, and young adults most frequently. A study done in the Philippines reports an incidence of 5 out of 1000 people, but it may be less common in the United States. It affects males and females roughly equally and displays no racial predilection. The onset of LS is sudden. Most patients do not report any other symptoms with LS, although some complain of itching.

The cause of lichen spinulosus is unknown. It appears to be an abnormal reaction pattern of follicles to various triggers. Some people relate LS to malnutrition, specifically vitamin A deficiency. Others think it arises after exposure to toxins. Underlying conditions like Crohn's disease, HIV infection, and alcoholism may worsen LS. Lichen spinulosus is not dangerous and is not associated with any abnormalities of other organ systems. It is generally only a cosmetic concern.

The diagnosis of lichen spinulosus can be made after simple observation. No specific labs or testing is necessary.

If the appearance of lichen spinulosus is bothersome, emollient keratolytics are the treatment of choice. Topical lactic acid, salicylic acid, and urea gels or ointments have been used successfully. **Tretinoin** or **calcipotriene** creams are potential alternatives. Treating underlying conditions and correcting vitamin deficiencies may offer some improvement. Without treatment, most cases of LS resolve within 1 - 2 years, although resistant cases can last for decades.

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