A CASE REPORT ON LICHEN PLANUS INVOLVING THE SCALP, SKIN AND ORAL MUCOSA

Dermatology

Dr. S. Arun Karthikeyan	Junior Resident, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
Dr. N. Vignesh	Associate Professor, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
Dr. M. Suganya	Associate Professor, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
Dr. K. Manoharan*	HOD and professor, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India. *Corresponding Author

ABSTRACT

The follicular variant of lichen planus is also known as lichen planopilaris. it is an inflammatory, primary cicatricial alopecia which accounts for 30-40% of scarring alopecia. It usually occurs between 30 to 70 years of age group with a female predominance of varying ratio ranging between 1.8:1 and 9:1. LPP is usually an insidious process evolving over several years. It usually presents as irregular patchy hair loss with loss of follicular ostia and perifollicular erythema and perifollicular scales are typically present at the periphery of active lesions. So, hereby reporting this case for its rarity in occurrence in male patient.

KEYWORDS

lichen planopilaris, lichenoid lymphocytic inflammation, lichen planus, primary scarring alopecia.

INTRODUCTION:

Lichen planopilaris is also called as follicular lichen planus. It is the most common cause of primary cicatricial alopecia. The typical age of onset of classic LPP is around the fifth decade and women are more often affected than men. It typically starts at crown and the vertex area of scalp and the affected areas usually show perifollicular erythema and follicular hyperkeratosis. The alopecic areas of LPP are often small, irregularly shaped and interconnected which can lead to reticulated pattern and the lesions are classically multifocal and may eventually merge to produce large areas of hair loss with underlying hypopigmented skin and devoid of follicular ostia. Associated symptoms includes moderate to severe scalp pruritus and dysesthesia. Sites of predilection are the frontocentral scalp and crown.

CASE REPORT:

26 -year old male patient came to the Dermatology OPD with complaints of scaly lesion over the scalp , right lower leg and on oral mucosa since 6 months. The lesions were itchy. They started first on the scalp and gradually progressed to the other sites. No history of pain. No history of similar lesions in the family.

On examination, multiple areas of large irregular scarring alopecia and multiple violaceous scaly plaques were seen over the vertex and parietal area of scalp. a hyperpigmented scaly plaque were seen over the anterior aspect of right lower leg. Oral mucosa shows erosive lesions.

Biopsy was taken which revealed dense lymphocytic infiltrations around the hair follicle accompanied by hydropic degeneration of basal cell layer with pigment incontinence . Dermis shows diffuse lymphocytic infiltration.

DISCUSSION:

Lichen planopilaris is a lymphocyte mediated primary scarring alopecia that usually occurs between 30 to 70 years of age with female predominance has been noted. It has various clinical & Histological variants such as **Classic lichen planopilaris** , **Postmenopausal frontal fibrosing alopecia** , **Fibrosing alopecia in pattern distribution** , **Graham-Little-Piccardi-Lassueur- syndrome**. Commonest to all subtypes is a histologic picture of lichenoid lymphocytic inflammation that targets the isthmus and infundibulum of the hair follicle.

In classic type , the vertex and parietal scalp are primarily involved, with multiple scattered alopecic patches merging as large confluent patches involving the whole scalp. Early lesions are seen as violaceous

erythematous follicular papules with slight scaling. Well-developed lesions shows a patch of smooth , skin colored ,scarring alopecia with or without follicular plugging at the periphery and tufts of unaffected hair within it. As the affected hairs are destroyed , they leave behind irregularly shaped white patches of scarring in which follicular ostia is lost. Associated symptoms include pruritus and pain.

Frontal fibrosing alopecia occurs predominantly in postmenopausal women with progressive recession of frontal hairline.

Fibrosing alopecia in a pattern distribution is characterized by scarring hair loss within areas of androgenetic alopecia.

Graham Little Piccardi Lassueur syndrome consists of LPP, in addition to the scalp , affects the pubic area and axillae. Lesions result in alopecia of these sites as well as keratotic follicular papules on trunk and extremities and lesions of typical lichen planus of skin or mucosa.

On histopathology, LPP on vertical section shows perifollicular lymphocytic inflammation affecting lower infundibulum and isthmus area near the bulge accompanied by hydropic degeneration of basal follicular keratinocytes and sometimes necrotic keratinocytes. On horizontal section , shows perifollicular lymphocytic inflammation, basal vacuolization and eosinophilic dyskeratotic keratinocytes.

Conditions in differential diagnosis are chronic cutaneous lupus erythematosus, central centrifugal cicatricial alopecia , folliculitis decalvans, dissecting scalp cellulitis , tufted hair folliculitis and acne keloidalis.

Treatment options include mid to high potency topical corticosteroids , topical calcineurin inhibitors. Systemic therapies includes hydroxychloroquine , oral corticosteroids , cyclosporine and mycophenolate mofetil.

CONCLUSION:

Lichen planopilaris being a disease of females in fifth decade .this case has been reported for its rarity in occurrence in male at younger age with scalp, skin and oral mucosa involvement.

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CONFLICT OF INTEREST: The authors declare that they have no conflict of interest.

Figure 1 : clinical photograph showing multiple areas of scarring alopecia and violaceous scaly plaque over the scalp

Figure 2: clinical photograph showing scaly hyperpigmented plaque over anterior aspect of lower leg

Figure 3: clinical photograph showing oral mucosa with erosive lesion:

HISTOPATHOLOGY:

Figure 1 : dermis shows diffuse lymphocytic infiltration with hydropic degeneration of basal cell layer with pigment incontinence

Figure 2: lymphocytic infiltration around the hair follicle

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