doi:10.5505/sakaryamj.2012.47965

A Case of the Lichen Nitidus with Atypical Presentation

Atipik Görünümlü Liken Nitidus Olgusu

Ayşe Serap Karadağ[1], Gülçin Güler Şimşek[2]

[1] Yüzüncü Yıl Üniversitesi Tıp Fakültesi, Dermatoloji Anabilim Dalı, Van, Türkiye

[2] Keçiören Eğitim ve Araştırma Hastanesi, Patoloji Bölümü, Ankara, Türkiye

Abstract

Lichen nitidus is a rare, chronic, papulosquamous disease that is characterized by minute, flesh-colored, shiny, multiple, dome-shaped papules. Variants of lichen nitidus are purpuric, keratodermic, vesicular and hemorrhagic, petechial, perforating, spinous follicular, linear and actinic types. The pathogenesis of lichen nitidus are unknown. The histopathologic findings in lichen nitidus are very characteristic and shown hyperplastic rete ridges in a 'ball and claw' configuration. Treatment especially is counseled in the presence of pruritus and for the cosmetic reasons. 15-year-old male patient applied to hospital with the complaints of lesions for 4 months and healing as brown coloring. It is diagnosed as lichen nitidus clinically and histopathologically. His lesions were localized atypically and healed leaving postinflammatory hyperpigmentation. As a treatment, topical corticosteroid pomade and oral antihistaminic tablet were began. Lesions gave good response to the treatment. We reported this case due to its rarity.

Keywords: Lichen nitidus, papuloskuamous diseases, postinflammatory hyperpigmentation

Aplication: 16.05.2011 **Accepted:** 02.06.2011

Özet

Liken nitidus nadir görülen, kronik, papuloskuamöz bir hastalık olup küçük, deri renginde, çok sayıda, düğme şeklinde papüllerle karakterizedir. Liken nitidusun varyantları; purpurik, keratodermik, veziküler ve hemorajik, peteşial, perforan, spinöz foliküler, lineer ve aktinik tiplerdir. Liken nitidusun patogenezi bilinmemektedir. Histopatolojik bulguları oldukça tipik olup hiperplastik rete uçları pençe ve top benzeri görünüm göstermektedir. Tedavi kaşıntı varlığında ve kozmetik amaçla gerekmektedir. Genellikle sekelsiz veya hipopigmente maküller ile iyileşmektedir. Onbeş yaşında erkek hasta gövdesinde 4 aydır başlayan ve kahverengi leke bırakarak iyileşen lezyonlar nedeniyle başvurdu. Klinik ve histopatolojik olarak liken nitidus tanısı kondu. Olgumuzun lezyonları atipik yerleşim göstermekteydi ve postinflamatuvar hiperpigmentasyonla iyileşmekteydi. Tedavide topikal kortikosteroid pomad ve oral antihistaminik tablet başlandı. Tedaviye iyi cevap verdi. Olgumuz nadir görülmesi nedeniyle bildirilmektedir.

Anahtar Kelimeler Liken nitidus, papuloskuamöz hastalık, postinflamatuvar hiperpigmentasyon

Başvuru Tarihi 16.05.2011 **Kabul Tarihi** 02.06.2011

Introduction

Lichen nitidus is characterized by minute, flesh-colored, multiple, dome-shaped papules.[1,2] It's usual localizations are genitalia, upper extremities, chest and abdomen.2 It generally resolves without any sequelae, rarely resolution of these papular lesions was followed by hypopigmented macules in those areas.[3] We report herein a case that was referred our clinic with atypical clinical appearance.

Yazışma Adresi/Corresponding to: Ayşe Serap Karadağ, Yüzüncü Yıl Üniversitesi Tıp Fakültesi, Dermatoloji Anabilim Dalı, Van-Türkiye
GSM: 0 505 562 86 76, e-mail: drayserem@yahoo.com

Case Report

15-year–old man had had non-pruritic lesions that started under arms 4 months before and radiated to anterior trunk and groins. He said that some lesions resolve leaving brown spots. Now he was good in health. There was no family history of atopy. Clinically distribution of the lesions resembles to the parapsoriasis. Findings of dermatological examination were multiple, grouped flat and shiny, 1-2 mm diameter papules and hiperpigmented macules mainly affecting axilla, anterior trunk and groins (*Figure 1,2*). The palms, soles and mucous membranes were spared. There were no nail change. There was no history of a drug intake before the appearance of the lesions.

Biopsy was obtained from the lesion localized on the anterior part of the trunk with punch biopsy. Histopathological examination from the biopsy showed that well circumscribed lymphohistiocytic infiltrate that include giant cells, surrounded by a claw-like elongation of rete ridges (*Figure 3*). Likenoid infiltrate causes to vacuolar change like all other lichenoid dermatitides.

Mometazone furoate pomade topically and antihistaminic tablet (cetrizine 5 mg) orally were began to the patient. Lesions healed significantly in 2 months. No more lesions emerged in his follow up.

Discussion

Lichen nitidus is a rare, chronic disease consisting of minute, flesh-colored, shiny, multiple, dome-shaped papules.[1,2,4] The disorder is often localized, but generalized cases were reported.[2,3,5] In the discrete form, papules don't coalesce; but at the sites of trauma or skin pressure they may be grouped. In the generalized form papules coalesce into yellow to brown plaques, especially in joint flexures, wrist and forearm ventral surfaces, making the clinical diagnosis more challenging.[6] In our case, lesions formed group of papules on the anterior trunk and intertriginous regions.

Variants of lichen nitidus are purpuric, keratodermic, ve

Figure 1: Hyperpigmented macules mainly affecting axilla, anterior trunk and groins.

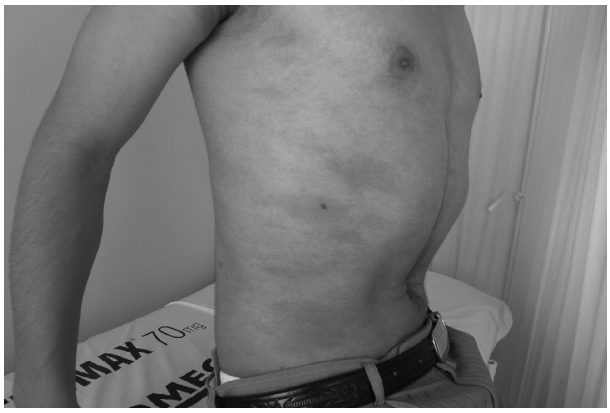


Figure 2: Multiple, grouped, flat and shiny 1-2 mm diameter papules.

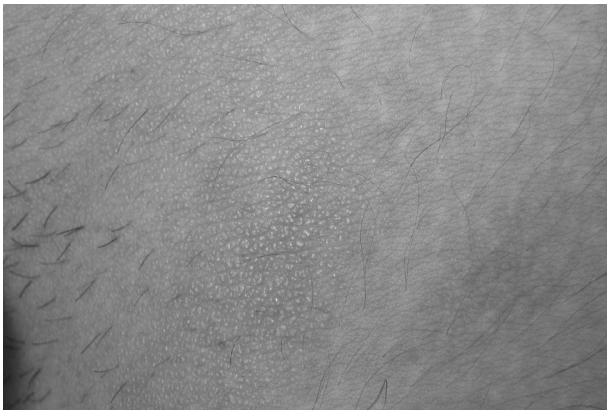
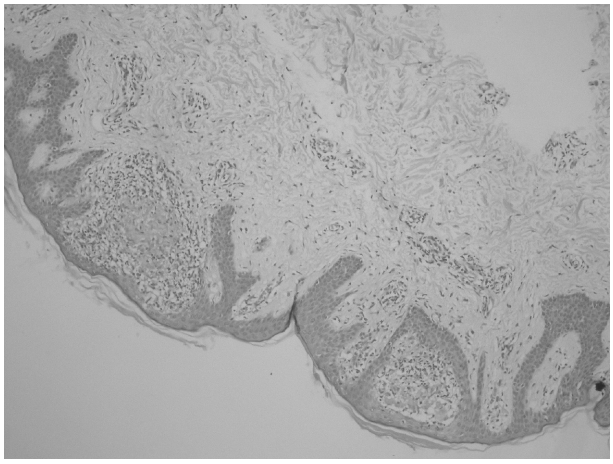


Figure 2: (40X H&E) well circumscribed lymphohistiocytic infiltrate that include giant cells, surrounded by a claw-like elongation of rete ridges.



sicular and hemorrhagic, petechial, perforating, spinous follicular, linear and actinic types.[2,4,7,8] Oral lesions, palmoplantar and nail changes have also been reported.[8] Lichen nitidus is not associated with any systemic diseases.[9]

The pathogenesis of lichen nitidus are unknown. Lichen nitidus was initially thought to represent a tuberculid because of its histologic features. However, no infectious agents have ever been demonstrated. Despite lichen planus and lichen nitidus can coexist in the same patient, most authors believe that lichen nitidus is a seperate entity because of its distinctive clinical and histologic features.9 No racial predisposition or known genetic inheritance pattern has been noted.[4] It primarily affects childreen and young adults.[1,4,7]

The histopathologic findings in lichen nitidus are very characteristic. A well-circumscribed infiltrate composed of lymphocytes, epithelioid cells and Langhans giants cells is typically 'clutched' by the surrounding hyperplastic rete ridges in a 'ball and claw' configuration.[2,9]

The differential diagnosis includes lichen planus, lichen striatus, guttat lichen sclerosis, lichen spinulosus, lichen scrofulosorum, verruca plana, papular sarcoidosis, lichenoid secondary syphilis, frictional lichenoid dermatitis and papular eczama.[2,4,6]

Most reports suggest that the eruptions cleared completely after variable periods of time without postinflammatory pigmentary changes or residual hypopigmentation, or rarely hyperpigmentation just as our patient.[2,3,5,7]

Treatment especially is counseled in the presence of pruritus and for the cosmetic reasons.[5] Many treatment modalites including corticosteroid, antihistaminics, retinoic acid, cyclosporine, antifungal agents, antituberous agents, topical calcineurin inhibitors, dinitrochlorobenzene and UV therapy, have been reported to be effective in treating lichen nitidus.[3-5,7,10]

We reported this case due to atypical localization of the lesions and rare sequela of the disease as postinflammatory hiperpigmentation.

References

1. Arizaga AT, Gaughan MD, Bang RH. Generalized lichen nitidus. Clin Exp Dermatol 2002;27:115-7.
2. Soroush V, Gurevitch AW, Peng SK. Generalized lichen nitidus: Case report and literature review. Cutis 1999;64:135-6.
3. Al-Mutairi N, Hassanein A, Nour-Eldin O, Arun J. Generalized lichen nitidus. Ped Dermatol 2005;22:158-60.
4. Shiohara T, Kano Y. Lichen planus and lichenoid dermatoses. In: Bolognia JL, Lorizzo JL, Rapini R, eds. Dermatology, 2th ed. London: Mosby, 2008;159-80.
5. Kim YC, Shim SD. Two cases of generalized lichen nitidus treated successfully with narrow-band UV-B phototherapy. Int J Dermatol 2006;45:615-7.
6. Pielop JA, Hsu S. Tiny, skin-colored papules on the arms and hands. Am Fam Physician 2005;71:343-4.
7. Rallis E, Verros C, Moussatou V,et al. Generalized purpuric lichen nitidus. Report of a case and review of the literature. Derm Online J 2007;13(2):5
8. MacDonald AJ, Drummond A, Chui D, Holmes S. Lichen nitidus and lichen spinulosus or spinous follicular lichen nitidus? (letter). Clin Exp Dermatol 2005;30:452-3.
9. Chen W, Schramm M, Zouboulis CC. Generalized lichen nitidus. J Am Acad Dermatol 1997;36:630-1.
10. Kubota Y, Kıryu H, Nakayama J. Generalized lichen nitidus succesfully treated with an antituberculous agent. Br J Dermatol 2002;146:1081-3.