Papulosquamous skin diseases II

Hanan mustafa kamal kalfa

Objective

Lichen planus

Pityriasis rosea

Lichen planus

Lichen planus [LP] is an idiopathic inflammatory disease of skin and mucous membranes characterized by pruritic , violaceous papules that favor the flexor aspect of the skin.

Epidemiology

It affects both sexes equally

Most cases of LP are seen in the 30-60 years age group.

Oral mucosa involved in up to 75% of patients.

The nails are affected in approximately 10% of patients.

Associations :

Liver disease e.g chronic active hepatitis [hepatitis C is particularly common ulcerative OLP]

Autoimmune disorder e.g vitiligo , alopecia areata.

Ulcerative colitis, diabetes mellitus , certain tattoo reaction.

Clinical features

The primary lesion of LP is papules with the following features [papules with 6 P]

Pruritic papules: intensely itching

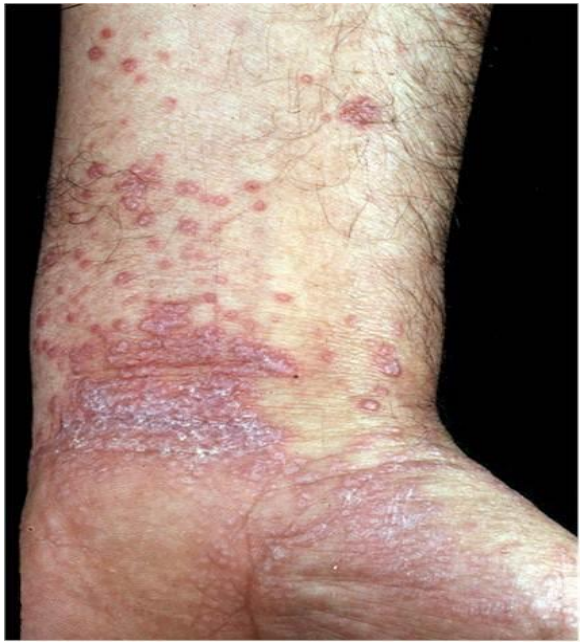
Plane – flat topped papules

Polygonal papules

Purple papules

Phenomenon kobener

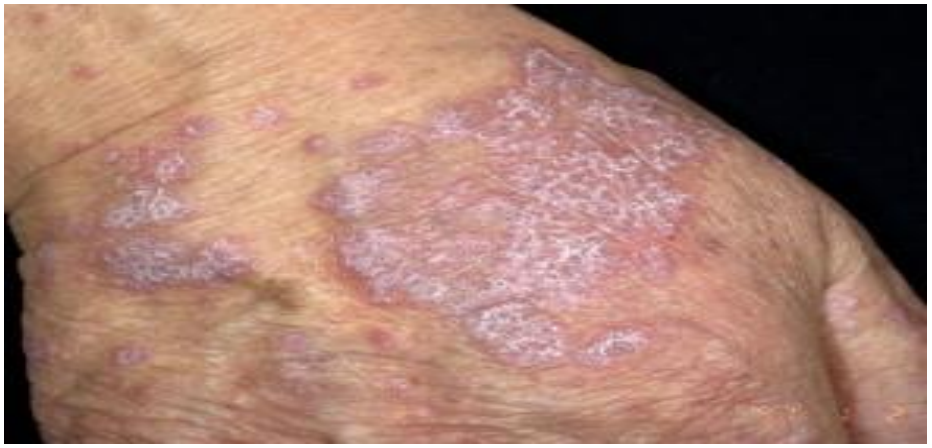
Ptrygium



Clinical features

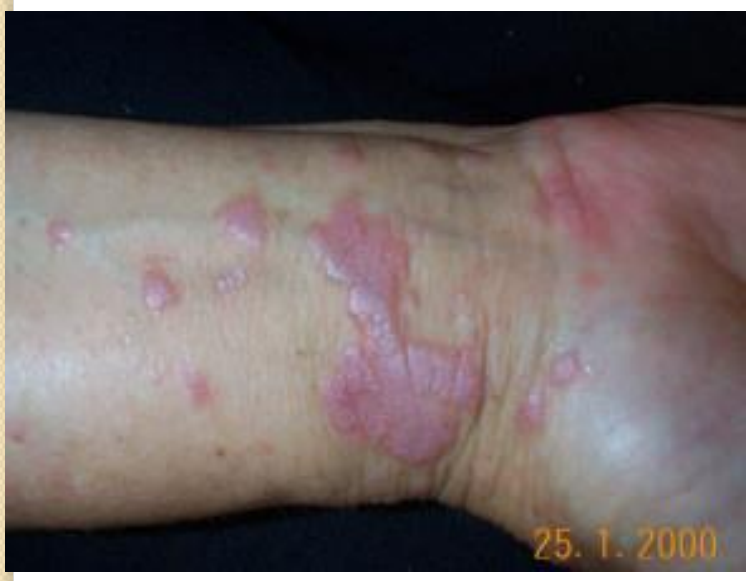
Wickhams striae :

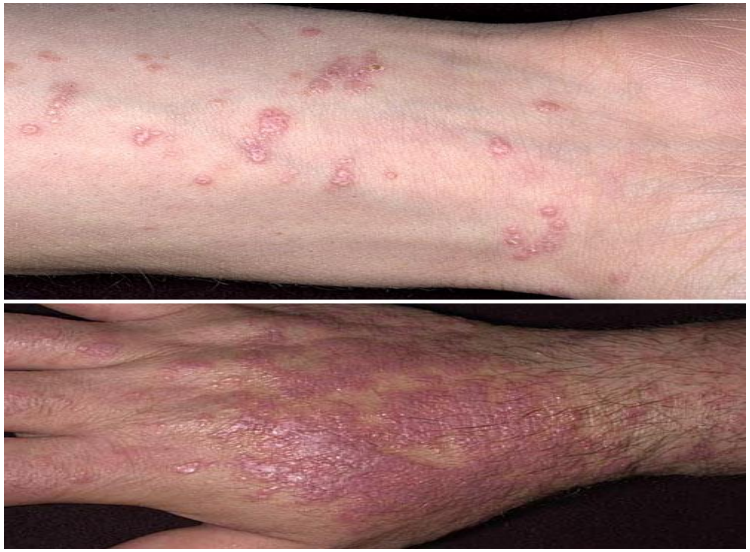
Fine white lines that are best seen with a hand lens after application of mineral oil .



Clinical features

The distribution of LP is bilaterally and symmetrically affecting the flexor aspects of the extremities[wrists, ankles, and lumber]





Variants of LP

Annular LP

Linear LP

Follicular LP[Lichen planopilaris]

Atrophic LP

Hypertrophic LP

Ulcerative LP [affect the feet and oral mucosa carry risk for SCC]

Bullous LP

Pigmented LP

Mucosal lesions

Seen in 30-75% of patients

White reticulate streaks

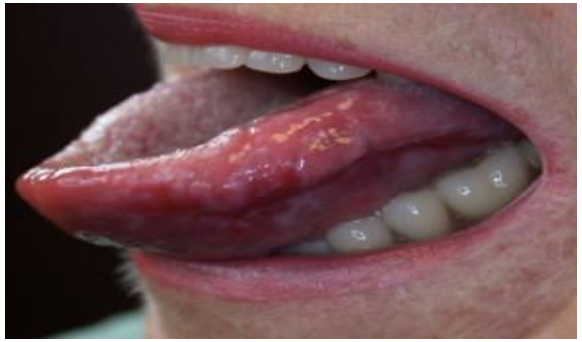
Oral , genital , anal

White papules or plaques

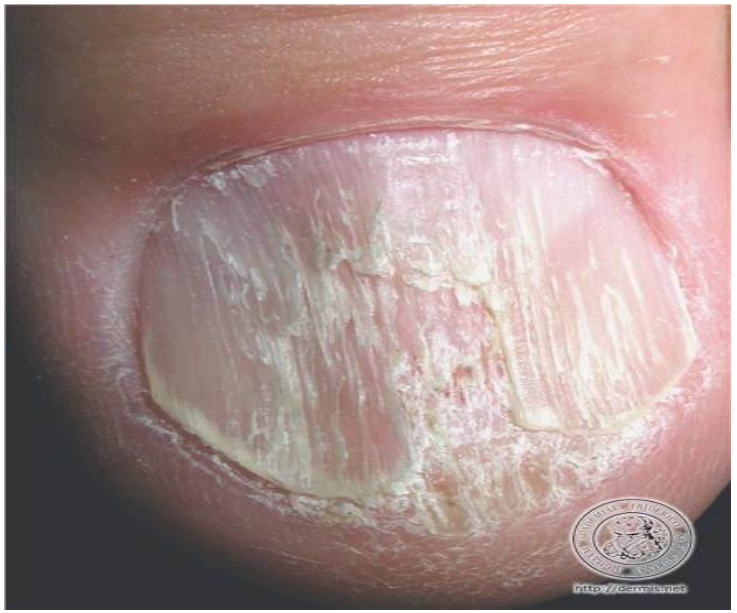
Sallow ulceration

Risk of malignancy [SCC]


Fig. 6.4 Lichen planus: classic white lacy network lying on the buccal mucosa.



The nails



Seen in 10% of LP

Thinning of nails

Longitudinal ridges

Onycholysis

Subungual hyperkeratosis

Pterygium [Pathognomonic]

Pterygium it is due to fusion of the proximal nail fold to nail bed.

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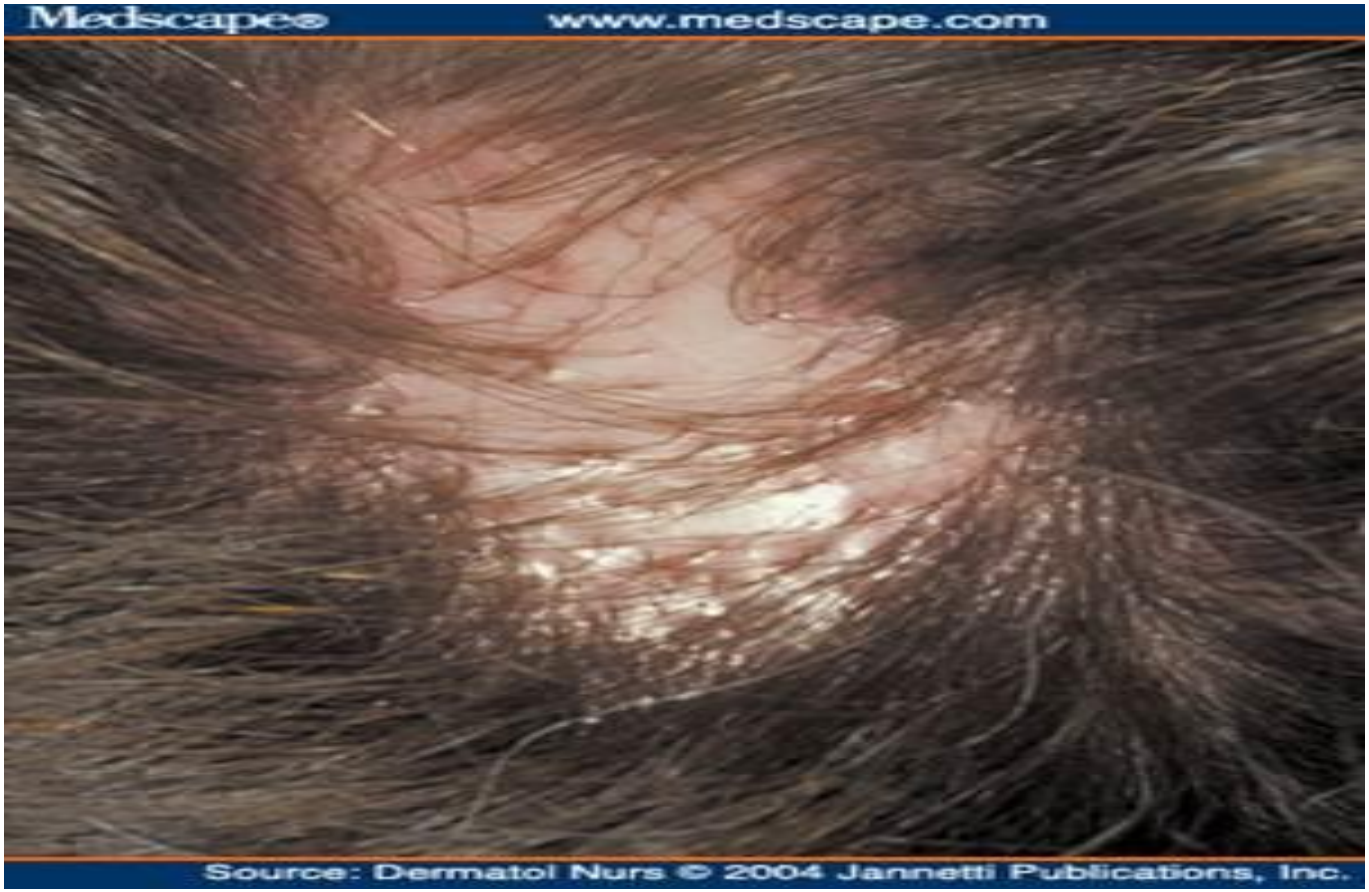
Scalp lesions can cause a patchy scarring alopecia



Histology of LP

Hyper keratosis

Hypergranulosis

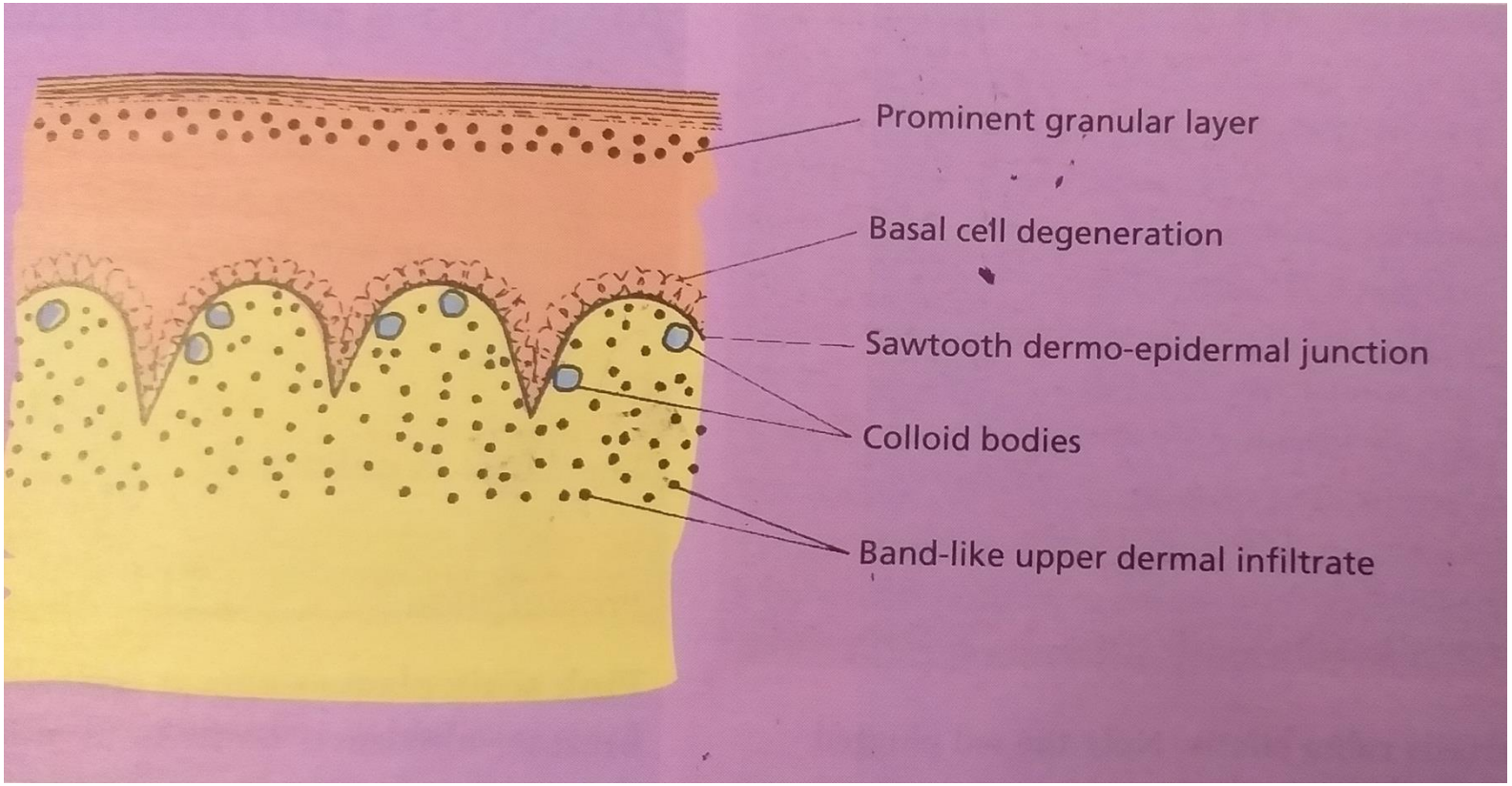
Basal cell degeneration

Colloid bodies

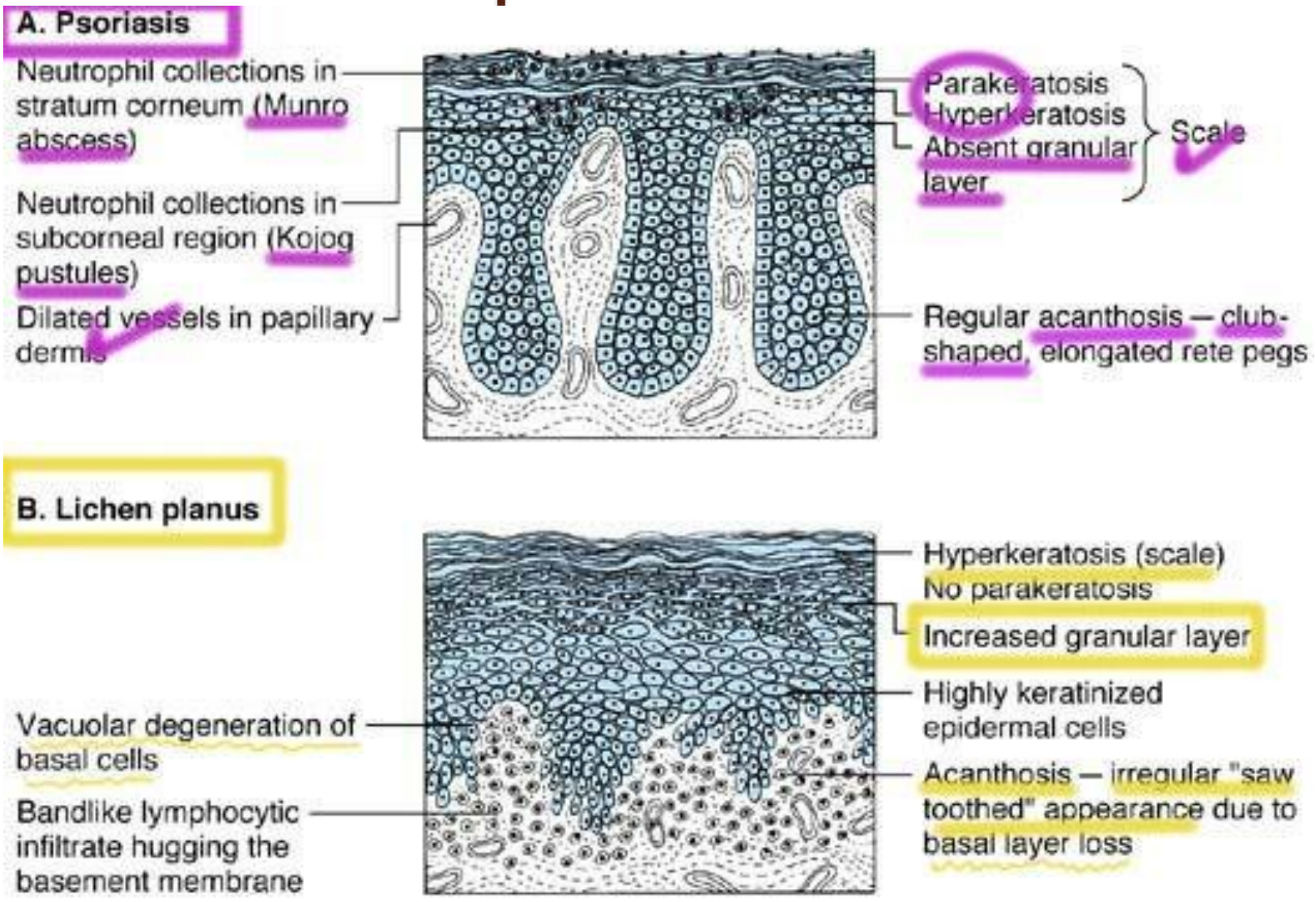
Saw-teeth appearance of DEJ

Band –like inflammatory infiltrate in upper dermis

Histology


Prominent granular layer
Basal cell degeneration
Sawtooth dermo-epidermal junction
Colloid bodies
Band-like upper dermal infiltrate

Histology of LP compared with psoriasis



Treatment

Antihistamine for itching

Topical steroids

Systemic steroid are recommended are only extensive involvement, nail destruction ,erosive LP.

PUVA

Systemic Retinoids

Pityriasis Rosea

Pityriasis rosea [PR] is a common , acute , self-limiting skin eruption characterized by sudden appearance of the herald patch followed one or weeks by appearance of multiple oval rose color plaques with scaly edges affecting the trunk and proximal extremities.

Etiology

The cause of PR is not unknown, but there is strong for evidence for herpes virus 7.

Usually preceded by URTI.

PR affect both sexes equally.

Most commonly occur during adolescence and young adult.

The incidence of disease is higher during spring and autumn.

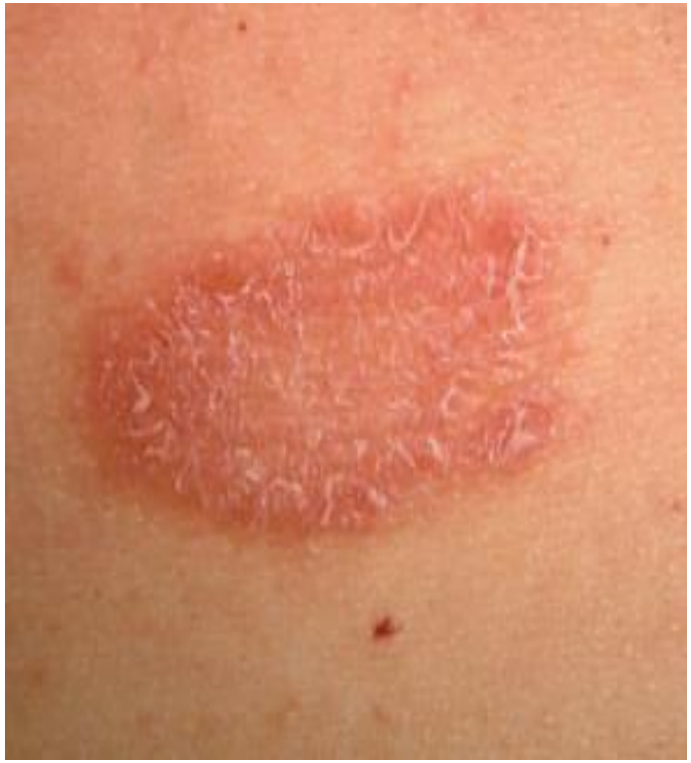
Clinical features

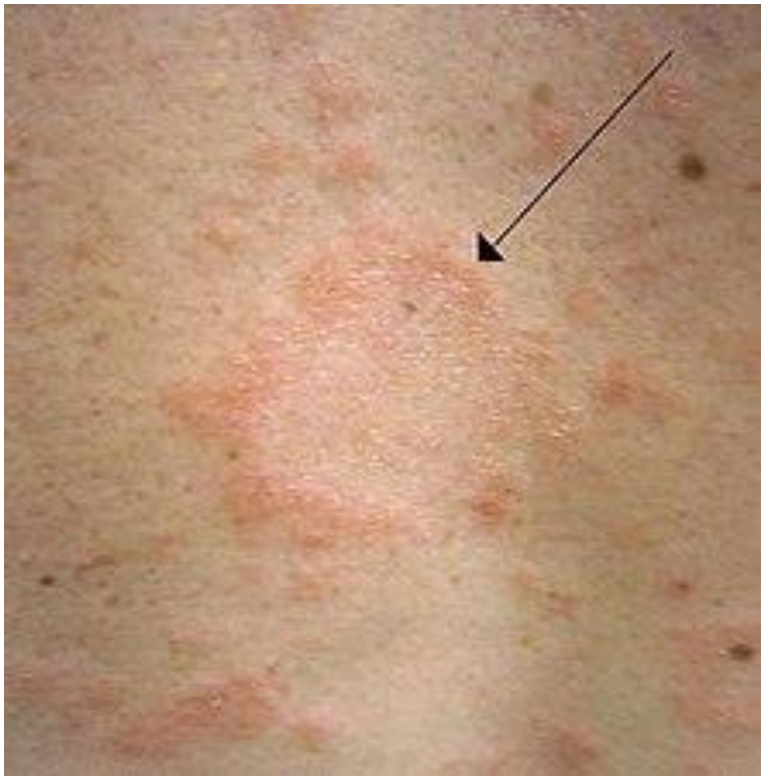
The primary plaque PR

The herald patch or mother plaque which is 2-5 cm in diameter , and is oval or round, salmon color or erythematous with fine collarette scale.

Usually located on trunk, neck, or proximal extremities.

The primary plaque PR
[Herald patch]





Clinical features

The secondary eruption

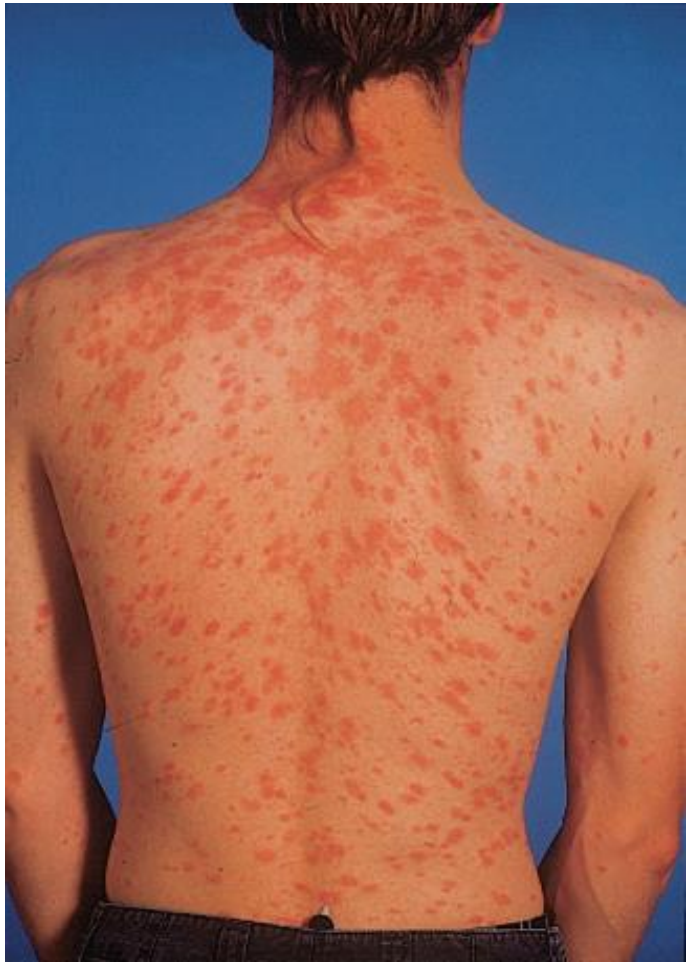
Appear 1-2 weeks after the appearance of herald patch.

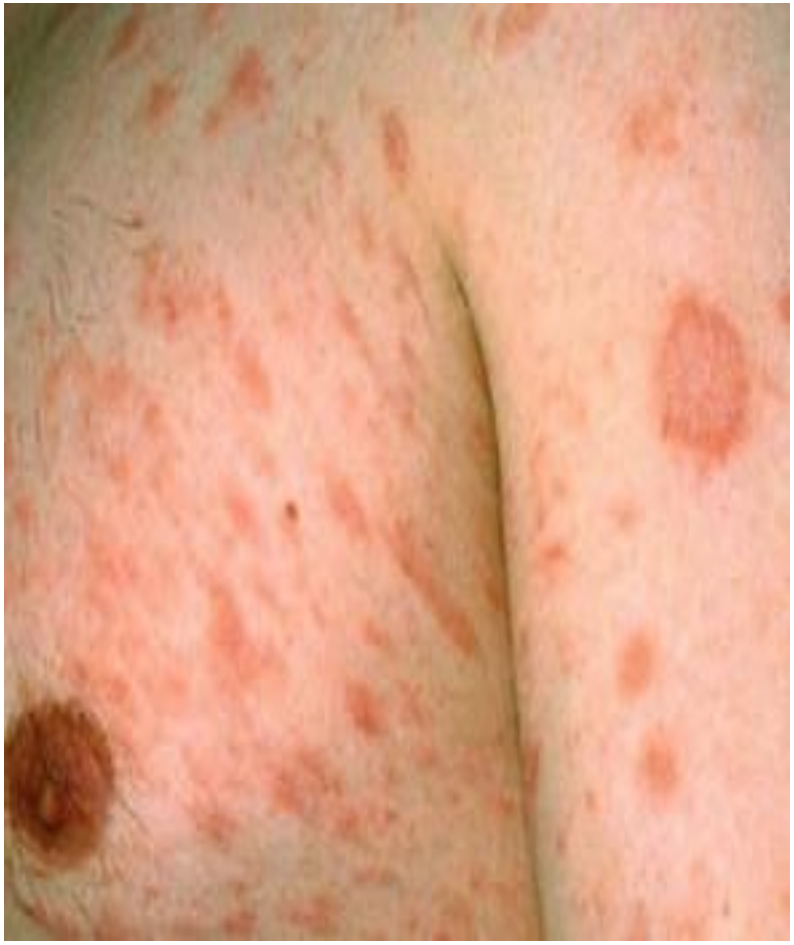
it affect the trunk, neck, and proximal parts of extremities.

Christmas tree ; on the back, the long axis of oval lesions follow line of ribs.

The eruption will persists for 6 weeks then fade spontaneously.

The secondary eruption





Differential diagnosis

Tinea corporis [herald patch]

Secondary syphilis

Guttate psoriasis

Treatment

Reassurance of the patient

Systemic antihistamine for itch cases.

Topical steroid


Thank
You