



Isolated Palmoplantar Lichen Planus

İzole Palmoplantar Liken Planus Olgusu

Palmoplantar Liken Planus

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Öz

Liken planus deri, deri ekleri ve mukozayı tutan benign, inflamatuvar ve kaşıntılı bir dermatozdur. Liken planus'un aktinik, anuler, atrofik, büllöz, hipertrofik, foliküler, lineer ve ülseratif varyantları vardır. Tırnak ve oral mukoza tutulumu da görülebilmektedir. Palmoplantar liken planus ise liken planusun nadir görülen lokalize varyantıdır. Palmoplantar bölgede stratum korneum daha kalın olduğundan klasik morumsu papüller yerine sarımsı lezyonlar görülür. Palmoplantar tip, klasik liken planusun tipik klinik morfolojisinden farklılık gösterdiği için tanınış zorluk yaratmaktadır. Bu bölgedeki lezyonlar klasik klinik morfolojiye uymadığından tanış zordur ve kolaylıkla başka hastalıklarla karışır. Burada izole palmoplantar tutulum gösteren bir liken planus olgusu sunmaktayız.

Anahtar Kelimeler

Liken Planus; Palmoplantar

Abstract

Lichen planus is a benign, pruritic inflammatory dermatitis involving the skin, skin appendages and mucosa. Lichen planus have actinic, annular, atrophic, bullous, hypertrophic, follicular, linear and ulcerative variants. Nails and oral mucosa can also be involved. Palmoplantar lichen planus is a rare localized variant of lichen planus. Because stratum corneum is thicker in palmoplantar region, yellowish lesions are seen instead of classic purplish papules. Because it is different from the clinical morphology of the classic form of the lichen planus, palmoplantar type cause problems in diagnosis. Palmoplantar lichen planus is an extremely rare disease that can be easily confused with numerous other diseases, it can be easily missed. We present a case of lichen planus with isolated palmoplantar involvement.

Keywords

Lichen Planus; Palmoplantar

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Introduction

Lichen planus is a benign, pruritic inflammatory dermatitis involving the skin, skin appendages and mucosa. Characteristic clinical finding is polygonal violaceous papules. Lichen planus has actinic, annular, atrophic, bullous, hypertrophic, follicular, linear and ulcerative variants. Nails and oral mucosa can be also involved [1]. Palmoplantar lichen planus (PPLP) is a rare localized variant of lichen planus [1-4]. Because it is different from the clinical morphology of the classic form of lichen planus, palmoplantar type cause problems in diagnosis [1,5]. This paper presents a clinically- and histopathologically-proven lichen planus patient with isolated palmoplantar involvement.

Case Report

A 60-year old male patient was admitted with itchy lesions in the palms and soles for about three months. He was previously treated with topical steroids and calcipotriol creams and moisturizers for palmoplantar psoriasis and palmoplantar keratoderma. Because the lesions in the soles but not those in the palms regressed, the patient was admitted to our clinic for further evaluation and treatment. Past medical history and family history of the patient revealed no remarkable abnormalities. There was no previous use of medicines before the lesions appeared. Physical examination also revealed no abnormalities. On dermatologic examination, numerous yellowish keratotic papules of 2-3 mm in diameter were seen in bilateral palmoplantar regions [Figure 1 and 2].



Figure 1. and Figure 2. Numerous yellowish keratotic papules of 2-3 mm in diameter were seen in bilateral palmar regions.

There was no lesions in other parts of the body. Hair, mucous membrane and nail examination was normal. Complete blood count, biochemistry and urine analysis were normal. Hepatitis markers were negative. Punch biopsy was taken from the palmar region of the left hand. On light microscopic examination, marked hyperkeratosis, wedge-shaped hypergranulosis and irregular acanthosis were detected in the epidermis. An irregularity in the form of “sawtooth appearance” was found in the rete ridges. Band-like lymphocytic infiltration covering the dermoepidermal junction in the superficial dermis was observed. Histopathological findings were reported to be suggestive of “lichen planus” [Figure 3].

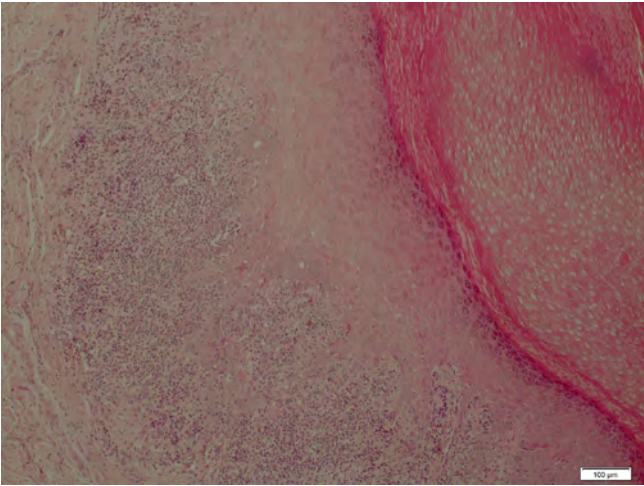


Figure 3. Histological examination of the lesion revealed hyperkeratosis, hypergranulosis, irregular acanthosis, irregularity in the form of “sawtooth appearance” was found in the ends of rete. Band-like lymphocytic infiltration in the superficial dermis (hematoxylin-eosin, original magnification×100).

The diagnosis of lichen planus was made in light of existing clinical and histopathological findings. Patient was treated with 32 mg/day oral methylprednisolone and topical clobetasol propionate. After achieving marked regression of the lesions at the second week of the treatment oral steroid treatment was stopped in 1 month by gradually decreasing the dose. No recurrence was observed during the follow-up period of 3 months.

Discussion

PPLP is a rare localized variant of lichen planus. Sanchez-Peres et al. have reported 26% palmoplantar involvement for lichen planus cases. It is more common in males than females with a peak age at third to fifth decades [5]. Because there are no other lesions in the body, diagnosis is difficult. Because stratum corneum is thicker in palmoplantar region, yellowish lesions are seen instead of classic purplish papules [6]. PPLP can present with hypertrophic, diffuse squamous, punctate keratotic, diffuse keratoderma, erosive, pigmented macular, vesicular, keratotic plaque and umbilicated papular morphological types [1,7]. The differential diagnosis of PPLP includes eczema, psoriasis, palmoplantar keratoderma, verruca vulgaris, secondary syphilis, lichen nitidus, arsenic keratosis and porokeratosis [5,7]. Histopathological features of PPLP are similar those of other types of lichen planus; skin biopsy is very helpful for the diagnosis [2]. In the present case, histopathological evaluation also supported the diagnosis of lichen planus.

The treatment options include topical and systemic steroids, acitretin, immunosuppressive agents (such as cyclosporine), PUVA, narrow band UVB, excimer laser and surgical methods [2,6]. Our case responded well to systemic and local steroid therapy.

Conclusion

In conclusion, because PPLP is an extremely rare disease that can be easily confused with numerous other diseases, it can be easily missed. Lichen planus should be kept in mind in the differential diagnosis of the diseases of palmoplantar region and histopathological examination should be performed in case of suspicion.

Competing interests

The authors declare that they have no competing interests.

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