

LICHEN PLANUS ACTINICUS

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Summary

Three cases of lichen planus actinicus with typical clinical and histopathological features are reported. The literature has been briefly reviewed. The view that this is only a photosensitive variant of lichen planus has been stressed.

Since the first description of Lichen Planus by Erasmus Wilson in 1869¹, numerous clinical variants of this condition have been recognized. Amongst them Lichen Planus Actinicus deserves special attention. It was first described by Dostrovsky and Saher in 1949² as occurring in tropical and sub-tropical regions. Since then a number of cases have been reported in literature^{3,6}.

Lichen planus actinicus is characterized by typical lichen planus papules which frequently show annular configuration and the distinctive violaceous hue. The lesions favour the sun exposed parts of the body such as the face, sides of neck, -V-area of the chest and the extensor aspects of the upper extremities, especially the back of hands and forearms. Itching is said to be conspicuously absent^{2,3}. The course is chronic and extends over several years. The onset is said to be seasonal; recurrences or spreading are likely to be observed in spring and summer with improvement or complete disappearance in rainy seasons². A photodynamic factor

is said to determine the pathogenesis of this type of lichen planus². Constant exposure to heat rays has also been attributed in the causation of these lesions⁷. The histopathology is almost compatible with classical lichen planus⁸.

Report of Cases

Case No. 1.

A male patient aged about 19 years came to the skin O.P.D. with a complaint of skin eruptions associated with itching on the face, (Fig. at Page 290) neck and upper limbs, of 2½ months duration. There was no history of having taken any drugs prior to the onset of the disease and there was no history of a similar episode in the past.

Examination revealed violaceous, shiny, discrete and flat topped papular lesions on the dorsal aspect of both the forearms and hands varying in size from that of a pin head to about 0.5 cms. in diameter. A few lesions on the forearms had annular configurations, measuring upto 1 cm. or more in diameter. On the forehead, cheeks, outer aspect of both the lips, sides of the neck and on the -V-area of the chest, annular lesions varying in size from 1 cm. - 4 cms. having well defined borders with the typical violaceous hue were observed. Lesions were not found elsewhere

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on the body. There were no genital lesions. No nail changes were observed. Histopathological study revealed typical features of lichen planus.

Case No. 2.

A male patient aged 22 years came with a complaint of skin eruptions associated with itching on the face, neck and upper limbs, of 2½ months duration. There was no history of having taken any drugs and there was no past history of a similar episode.

Examination showed violaceous, shiny, discrete and flat topped papules and few annular lesions measuring upto 2 cms. in diameter on the forehead, cheeks, lower lip, sides of neck, -V-area of the chest and dorsal aspect of both the forearms and hands. A few greyish-white patches measuring about 0.3-0.5 cms. were seen on the buccal mucosa on either side. There were no genital lesions. Nail changes in the form of vertical grooves and ridges were seen on the right index finger nail plate.

Histopathology revealed characteristic features of lichen planus.

Case No. 3.

A male patient 21 years of age came with the complaint of dark patches on the face, hands and feet for eight months. He did not have itching over these patches at any time.

Examination showed violaceous, shiny and discrete annular lesions on the forehead extending on to the scalp, dorsum of the hands, -V- area of the chest and dorsum of feet, measuring from 1 cm. — 5 cms. in diameter. There were no genital or mucous membrane lesions. No nail changes were observed.

Histopathology showed typical features of lichen planus.

Discussion

This is an interesting variety of lichen planus where the lesions are seen over the sun-exposed parts of the body only. It is estimated that about 40% of all cases of lichen planus in United Arab Republic are of this variety. There is a paucity of reports of this type of lichen planus in our country. Thambiah and Krishna⁵ reported a single case whereas Velou et al⁶ reported five cases of lichen planus actinicus. The three cases reported in this study were seen in a period of 10 months. Ours being a tropical country, the dearth for lichen planus actinicus seems to be unexplainable. Probably many of these cases have been overlooked.

Katzenellenbogen³ and Seif El-Nasr⁴ are of the view that lichen planus actinicus has to be grouped with light sensitive dermatoses or considered to be a peculiar form of polymorphous light eruption, due to its occurrence in young adults and adolescents, characteristic seasonal incidence and the lack of chief symptom of itching in lichen planus. Of the five cases reported by Velou et al⁶ in only one pruritus was absent and so also in the case reported by Thambiah and Krishna⁵. Only one of the three cases reported here was free from pruritus. Pruritus seems to be a prominent symptom in lichen planus actinicus as observed by us and also by Velou et al⁶.

The histopathology is said to be compatible with that of classical lichen planus⁸. Seif El-Nasr et al⁴ noted a sparse infiltrate below the epidermis in contrast to the classical picture. They also observed the dilatation of the capillaries in the papillary and sub-papillary layers and the dermal infiltrate mostly in relation to the sides of the lesion, while the centre showed only an increase in pigment