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ZOSTERIFORM LICHEN PLANUS

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A 16-year-old male patient presented with typical lesions of linchen planus in zosteriform pattern. The lesions resolved with oral metronidazole.

Key Words : Lichen planus, Zosteriform distribution, Oral Metronidazole

Introduction

Lichen planus (LP) is a papulosquamous disorder of the skin and mucous membranes, the incidence varying between 0.9 to 1.2% of all new cases attending dermatological clinics.[1] It usually affects people in the age group of 30 to 60 years although no age group is exempted. Although previously several hypothesis had been put forward regarding the etiology of LP (i.e., viral origin, neurological abnormalities, emotional stress) the current hypothesis is that its pathogenesis is immunologically mediated.[1] Cutaneous eruptions resembling LP can be mimicked following administration of numerous drugs and in the skin lesions of chronic GVH disease. In most cases the papules of LP, which vary in their size, evolve insidiously, are pruritic and remain discrete or in groups on flexors of wrists, lumbar region of the back and around the ankles. Uncommon configurations such as annular pattern (in 10% of cases) and linear or zosteriform configuration along the path of a nerve are also seen.[2] There are morphological variants of LP also. Mucous membranes are involved in 30 to 70% of cases.[1]

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Case Report

A 16-year-old male patient presented with typical lesions of LP in October 1993. The papules were in discrete groups, itchy and arranged in zosteriform pattern over the left side of postero-lateral chest wall distributed transversely over a length of about 8 to 10 cms. No other sites over skin or mucous membrane were involved. The patient had no past history of herpes zoster at the site of the lesion. Routine blood, urine and stool examination did not reveal any abnormality. A biopsy was taken from one of the lesions and histology showed features of LP. The patient was treated with oral antihistaminics for pruritus, a three week course of oral metronidazole (400 mg tid). He showed signs of improvement and withing 1 month the lesions cleared leaving behind mild hyperpigmentation. On follow up, the patient till date had no recurrence of lesions.

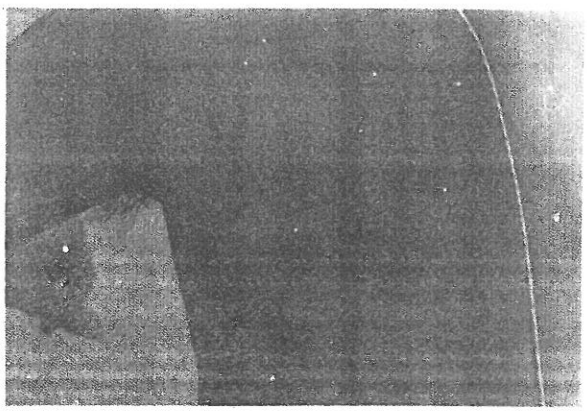

Fig. 1. Papules distributed in discrete groups in zosteriform distribution over left side of posterolateral chest wall.

Discussion

Though the lesions of classical LP are quite common the zosteriform configuration is rare.[1,2] We have come across only one such case in all these years. Linear LP, apart from zosteriform LP, is not all that uncommon in our experience although Altman and Perry from 1950 through 1954, reported only 1 case out of 307 cases of LP.[3] Till date only one case of zosteriform lesion has been documented on the chest wall.[1] Linear LP should be distinguished clinically and histopathologically from lichen striatus, linear naevi and linear psoriasis.

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