

ATOPY IN LICHEN SIMPLEX CHRONICUS

T. V. GOPALASRISHNAN NAIR AND B. K. H. NAIR *

Summary

A study of 50 patients with lichen simplex chronicus and 50 patients with scabies as control shows a significant family history of atopic disorders in patients with lichen simplex chronicus.

Lichen simplex chronicus (LSC), a well defined clinical entity has been the source of many studies and controversies in the past. In our part of the country it is a common problem accounting for about 2.5 percent of new cases in the dermatology outpatient.

Jean-Louis Brocq defined the condition as an eminently pruritic circumscribed affection giving rise to the formation of circumscribed plaques constantly and absolutely dry, characterised by thickening and infiltration of the skin, great fixedness and chronic evolution¹. A significant association between LSC and a personal and family history of atopic disorders has been reported by Singh². In this paper we report observations on the relation between LSC and atopy. This comprises part of a detailed clinicopathological study of LSC.

Materials and Methods

Fifty patients with LSC who came

Department of Dermatology & Venereology,
Medical College & Hospital,
Trivandrum-695011

* Present Address : Professor & Head,
Department of Dermatology & Venereology,
Medical College & Hospital,
Kottayam-686008

Received for publication on 27-10-80

to our department were studied. The diagnosis was made on clinical grounds and confirmed by histopathological examination and only those patients with lesions showing characteristic clinical and histopathological features were included in the study.

Detailed enquiries were made to elicit any history of bronchial asthma, allergic rhinitis with paroxysmal sneezing or atopic dermatitis in the patient or in the family which includes parents, siblings and children. The results were compared with those of a control group comprising 50 patients with scabies.

Results

In our study, no patient with LSC gave a personal history of bronchial asthma, though 30% of them had it in the family (Table 1). Sixteen patients with LSC gave a personal history of allergic rhinitis but no one in the control group had similar history. Only one patient had both personal and family history of allergic rhinitis. No patient either in the LSC or the control group gave a personal or family history suggestive of atopic dermatitis.

TABLE I
Showing Atopic Manifestations in Patients and Controls

| Atopic Manifestation | Lichen simplex chronicus | | | | Scabies | | | | Total % |
|----------------------|--------------------------|----------------|---------------------------|-----------|------------------|----------------|-----------------------------|-----------|---------|
| | Personal history | Family history | Personal & family history | Total No. | Personal history | Family history | Personal and family history | Total No. | |
| Bronchial Asthma | 0 | 15 | 0 | 15 | 0 | 12 | 0 | 12 | 24 |
| Allergic rhinitis | 8 | 2 | 1 | 11 | 0 | 2 | 0 | 2 | 4 |
| Atopic dermatitis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 8 | 17 | 1 | 26 | 0 | 14 | 0 | 14 | 28 |

Discussion

It is no new concept that atopic conditions like bronchial asthma and hay fever are intimately associated with certain skin diseases. All the inflammatory dermatoses with such an association are often grouped as atopic dermatitis. The lesions seen in LSC are very much similar to those seen in atopic dermatitis, but for its unilateral localisation and site of involvement³. The morphological similarities of the lesions in the two conditions tempt one to look for any etiological relation between the two.

The findings in this study indicate that 52 per cent of patients with LSC have personal and/or family history of atopy as compared to 28 percent in a control group of patients with scabies.

According to Sulzberger, lack of atopic history is a criteria to differentiate LSC from atopic dermatitis³. But Singh has shown a significantly higher incidence of atopic manifestations in patients with LSC when compared with controls.

When the family and/or personal history of atopy is considered our results are in conformity with those of Singh's. The fact that the only person with both family and personal history of atopy happens to be in the LSC group further supports this hypothesis.

Acknowledgment

We are grateful to Dr. C. Gangadharan, Professor and Head of the Department of Dermatology and Venereology and Superintendent, Medical College Hospital, Trivandrum for permitting us to study the patients and publish this paper.

References

1. Shelley WB and Crissey JT: Neurodermatitis circumscripta, Classics in Clinical Dermatology, Charles C. Thomas, Illinois 1953, p 311.
2. Singh G: Atopy in lichen simplex. Brit J Derm 1973, 89 : 625.
3. Sulzberger MD, Wolf J, Witten UH et al: Dermatology Diagnosis and Treatment, Oxford & IBH Publishing Co., Calcutta, 1961, p 207.

LETTER FROM PRESIDENT

Dear Colleagues,

The last General Body, at its meeting held at Indore had, in response to an invitation from the Andhra Pradesh State Branch, decided to hold the next annual conference at Visakhapatnam. For reasons outside their control it now seems that the Andhara Pradesh Branch is not in a position to hold the conference at Vizag. I have personally visited Visakhapatnam and Hyderabad and have taken this matter up with the appropriate authorities in the hope that we may be able to convince them of our request for holding the conference at Vizag. Most unfortunately this has not been agreed to. I, on behalf of the Andhra Pradesh Branch wish to offer apologies for any dislocation that this might have caused.

The Andhra Pradesh Branch has now obtained permission from the authorities to hold the conference at Hyderabad, 3rd to 6th Jan. '82, 3rd January having been reserved for Dermato-pathology Symposium. The conference will be inaugurated on 4th of January. Dr. (Mrs.) K. Vimla Bai has very kindly taken the onerous responsibility of being the Organising Secretary and Dr. R. Patnaik has been elected the Chairman of the Organising Committee for the Xth National Congress of our association. May I through the columns of our journal appeal to all of you to excuse the office bearers for this change in venue and extend all possible support for making this conference a success.

Best wishes,

L. K. Bhutani,
President, I.A.D.V.L.