# HYPERTROPHIC LICHEN PLANUS WITH MALIGNANT TRANSFORMATION

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A 45-years-old male presented with multiple violaceous papules over flexor aspects of both hands and anterior aspect of legs of 3 years duration and a proliferative cauliflower like growth with ulceration and bleeding plaque over the anterior aspect of the left leg of 6 months duration. The histopatholgy of the left leg lesion proved to be hypertrophic lichen planus with squamous cell carcinomatous changes.

**Key Words : Hypertrophic Lichen planus, Horn pearls Individual cell keratinisation. Tumor mass squamous cell carcinoma**

## Case Report

A 45-years-old male admitted with the history of multiple violaceous papules and itchy plaques of varying sizes present over both upper limbs flexor aspects and to a lesser extent over the anterior aspect of both the legs of 3 years duration. Six months ago he developed a verrucous hypertrophic growth which started increasing in size and got ulcerated into 6x5x1 cm size plaque over the skin of the left leg (Fig 1). The ulcerated plaque was adherent to the underlying tissue but not to the bone and was bleeding on touch. Base was indurated and hard and margins were everted. The surrounding area of skin showed lichen planus lesions. Mucous membranes and skin appendages were normal. No significant regional lymphadenopathy.

Laboratory investigations showed TC. 9100 cells/cm, DC; $P_{67}$ $L_{28}$ $E_5$, ESR 6/12 mm Hb. 67%, Bl. Sugar 100mg%, Bl. Urea 20mg%, Blood VDRL-non reactive. HIV (ELISA) negative. X-ray chest NAD. X-ray left leg showed no bone involvement except soft tissue shadow of the growth.

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Histopathology of the adjascent L P lesion showed hyperkaratosis, spotty granulomatosis and saw toothed appearance of the rete ridges. Dermis showed dense band like inflammatory infiltrates close to the epidermis compatible with lichen planus. Histopathology of the ulcerated growth

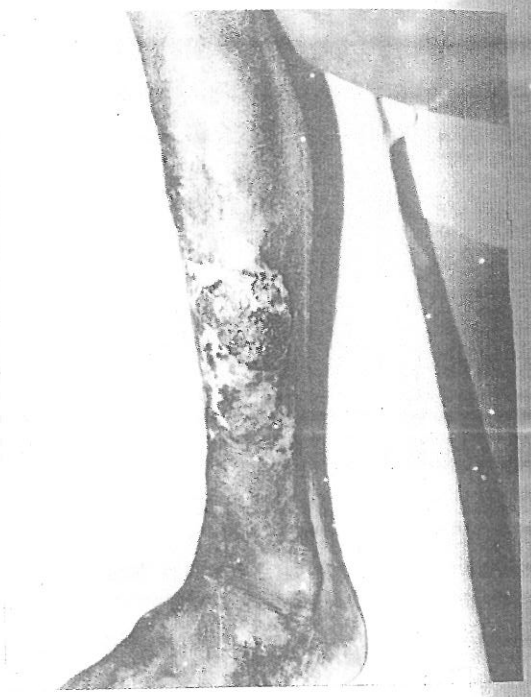

Fig. 1. Clinical picture showing cauliflower like growth with ulceration and bleeding plaque over the auterior aspect of the leg.

showed tumor mass in continuity with epidermis extending into dermis irregularly. Multiple horn pearls and areas showing individual cell keratinisation were present within the tumor mass. Rest of the area showed massive irregular acanthosis. Dermis showed dense inflammatory infiltrates compatible with squamous cell carcinoma (Fig 2).

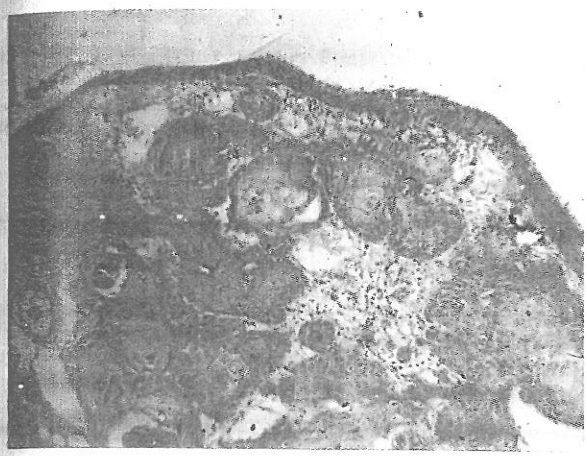

Fig. 2. Microphotograph showing tumor mass extending into dermis with multiple horn pearls.

## Discussions

Ankles and shins are the commonest sites for hypertrophic lichen planus and they itch severely. Development of eiptheliomas on preexisting skin LP lesions are rare phenomenon but it has been reported.[1] Malignant changes has also been described in some chronic hypertrophic forms of lichen planus notably in ulcerative lesions of the tongue or oral mucosa.[2] Oral lichen planus has been regarded as a condition with potential for malignant transformation.[3] It has been documented in literature that the hypertrophic type of lichen planus of glans penis can develop into squamous cell carcinoma.[4] A low grade squamous cell carcinoma-verrucous carcinoma arising from a ulcerative plantar lichen planus has been reported. Chronic inflammation is an important factor in its pathogenesis.[5] Spinocellular carcinoma developing from a Lichen planus hypertrophicus of the lower leg subsequent to x-ray and arsenic treatment has also been reported.[6]

## References


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