

## LICHEN AUREUS

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A 23-year-old male presented with well-defined orange-brown patches on the lower legs of 6 months duration. The lesions were localized and had been largely asymptomatic. The clinical picture and histopathology were consistent with lichen aureus.

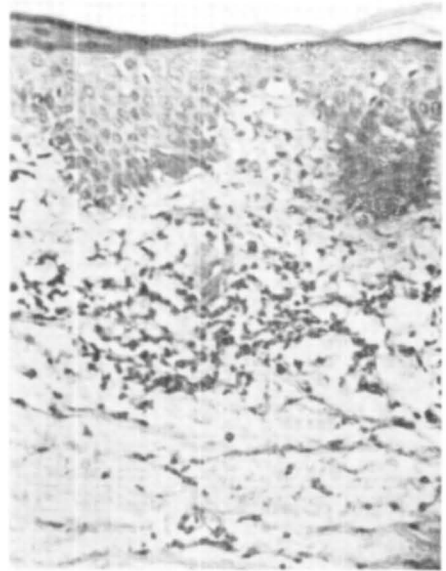
**Key words :** Lichen aureus.

Lichen aureus is characterized by a circumscribed eruption of discrete or confluent macules and papules varying in colour from golden to rust to purple. It was first reported as a distinct clinical entity in 1958 by Martin.<sup>1</sup> Since then, only a few sporadic cases have been reported in the dermatological literature.<sup>2-5</sup> Lichen aureus may easily be overlooked unless the clinician bears its characteristic clinical and histopathological features in mind.

### Case Report

A 23-year-old male student came for pigmented patches on the lateral aspects of the lower legs of 6 months duration. Apart from a slight itch, there were no symptoms. The lesions had remained static except for an insidious change in the colour from reddish brown to rusty hue. The lesions were bilateral, well-defined, orange-brown macules on the medial and lateral aspects of lower portions of the legs, with lichenoid, slightly scaly, flat-topped papular lesions in the middle. The colour did not change on diascopy.

Histopathology of the lesions showed a near normal epidermis with a band-like inflammatory infiltrate in the upper dermis separated at most places from the epidermis by a band of collagen (Fig. 1). There was plenty of pigment present at the lower margin of the infiltrate which on



**Fig. 1.** Inflammatory infiltrate in the upper dermis (H & E x 140).

prussian blue staining was found to be hemosiderin. Periodic acid Schiff stain showed thickening of the vessel wall and confirmed the collagenous band separating the infiltrate from the epidermis.

### Comments

Lichen aureus is classified as a type of pigmented purpuric dermatoses.<sup>6</sup> The lesions are localized and consist of lichenoid papules, the colour varying from rust-coloured to purple. It is seldom truly golden as the name suggests.<sup>6</sup> In fact in our case also, the lesions had an orange-brownish hue. Lichen aureus has also been designated as lichen purpuricus,<sup>6</sup> but we feel that lichen aureus is a preferred term since it

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gives a better information about the morphological features. It differs from other pigmented purpuric eruptions on the basis of clinical and histopathological features, gradual evolution, chronic course and occurrence in young healthy people without any associated disease. Apart from the characteristic colour, the histopathology of lichen aureus is also distinct in as much as a band-like inflammatory infiltrate is seen in the upper dermis separated from the epidermis by a band of collagen.<sup>3</sup> However, unlike other pigmented purpuric dermatoses, lichen aureus shows no epidermal basal cell degeneration, exocytosis or occasional parakeratosis.<sup>6</sup> It is a benign disorder of little inconvenience to the patient and usually no therapy is warranted. Topical corticosteroids may be helpful.<sup>6</sup>

### References

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