

PUVASOL INDUCED LICHENOID ERUPTION

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Generalized lichenoid eruption and transient rise in hepatic enzymes in a psoriatic treated with 8-methoxypsoralen and sunlight (PUVASOL) is reported.

Key words : Lichenoid eruption, PUVASOL.

Numerous drugs are known to cause lichenoid eruption. Lichenoid eruption following PUVA is uncommonly encountered. We report generalized lichenoid eruption and a transient rise in the hepatic enzymes following PUVASOL therapy for psoriasis.

Case Report

A 38-year-old female with psoriasis of 7 years duration was treated with 20 mg of 8-methoxypsoralen at 9 AM followed by exposure to sunlight 2 hours later. Eleven days later, she returned with generalized, itchy, violaceous papular lesions sparing the face, scalp and oral mucosa. Nail changes included pitting and subungual hyperkeratosis. General examination revealed no abnormality. PUVASOL was discontinued and she was treated with oral antihistamines and topical liquid paraffin. Fifteen days later, itching had disappeared and the lesions had flattened. Complete blood picture and liver function tests were normal before and after PUVASOL therapy. However, during the acute phase of lichenoid eruption, SGOT, SGPT and alkaline phosphatase were raised to 95 U/L, 220 U/L and 62 U/L respectively. Histopathological examination of a lichenoid papule revealed hyperkeratosis, hypergranulosis, basal cell degeneration, sub-epidermal vesicles, focal lymphocytic infiltration and melanophages in the dermis (Figs. 1 and 2). Informed consent for provocation test could not be obtained.

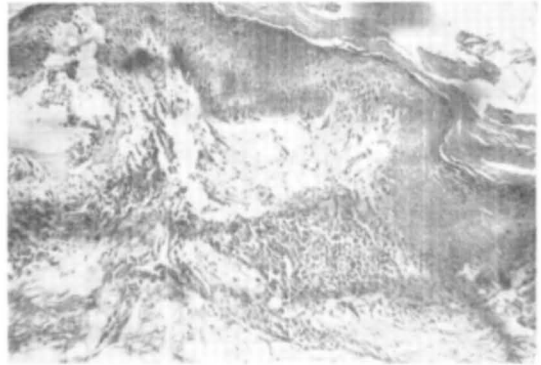


Fig. 1. Basal cell degeneration, sub-epidermal vesicles and lymphocytic infiltrate.

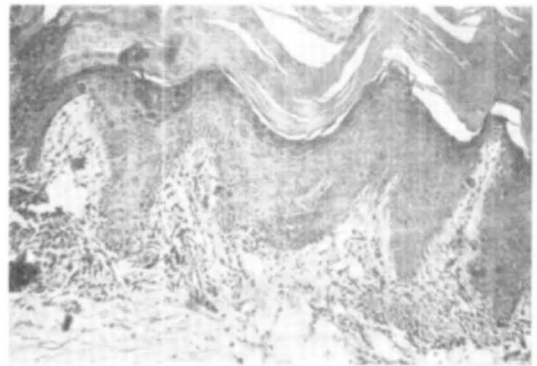


Fig. 2. Marked hyperkeratosis, hypergranulosis, basal cell degeneration and lymphocytic infiltrate

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Comments

Various drugs are known to cause lichenoid eruption. One case of lichenoid eruption

following PUVASOL treatment for vitiligo was reported.¹ Side effects of PUVA include erythema, prurigo, itching,² bullous pemphigoid³ and SLE.⁴ Pathomechanism of lichenoid eruption following PUVASOL is uncertain. Koebner's response due to sunburn in a patient predisposed to lichen planus is a possibility but remission after discontinuation of PUVASOL makes it less likely. Absence of reports of lichenoid eruption following PUVA is a likely pointer at the disadvantages of solar source of ultraviolet rays, wherein other rays cannot be excluded and exact dose cannot be monitored. Transient alteration of hepatic enzymes during acute phase of lichenoid eruption is an additional interesting feature.

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