LICHENOID EPIDERMAL NAEVUS

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A case of lichenoid epidermal naevus with unusual clinical presentation is reported

Key words : Lichenoid epidermal naevus, Naevus

Introduction

Lichenoid epidermal naevus is a recently described variant of inflammatory epidermal naevus showing histological features compatible with verrucous epidermal naevus, but with a band - like lymphohistiocytic infiltrate at the dermoepidermal junction, along with civatte bodies and dermal melanophages.[1] Herein we report a case of such a rare entity with unusual clinical presentation.

Case Report

A 5-year - old girl presented with a mildly pruritic well defined linear erythematous scaly psoriasiform plaque of size 15 x 4 cm on the medial aspect of right thigh (Fig.1). Onset of the lesion was in the first week of life and since then it gradually increased in proportion to the growth of limb. There was no evidence of mucous membrane involvement, skin lesions at other sites or any internal disease. Grattage test was positive but Auspitz sign was negative . Microscopic examination showed features of the usual verrucous epidermal naevus (hyperkeratosis, hypergranulosis, papillomatosis and acanthosis) and a lichenoid tissue reaction (band -like lymphohistiocytic infiltrate at the dermoepidermal junction, basal cell degeneration and Civatte bodies (Fig. 2). Initially a clinical diagnosis of naevoid psoriasis was entertained, however in view of lichenoid tissue reaction, the diagnosis was revised as lichenoid epidermal naevus. The condition responded satisfactorily to topical steroid and keratolytic combination.

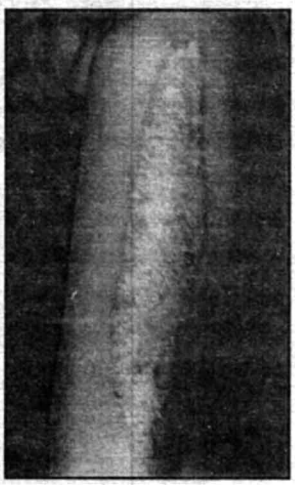

Fig.1. Showing a well-defined linear, erythematous scaly psoriasiform plaque on the right thigh.

Fig.2.Photomicrograph showing hyperkeratosis, hypergranulosis, papillomatosis, acanthosis along with a band like lymphohistiocytic infiltrate at dermoepidermal junction and basal cell degeneration (H & E,X 10)

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Discussion

In 1989, Brownstein et al [1] proposed that in patients who do not have evidence of lichen planus at other sites,persistent, linear eruptions showing the clinical and histological features of both verrucous epidermal naevus and a lichenoid tissue reaction should be interpreted as lichenoid epidermal naevus. Moreover Atherton et al [2], have also recently proposed a term 'naevoid psoriasis' for psoriasis occurring in naevoid form, possibly reflecting mosaicism for the gene responsible for psoriasis. These lesions are indistinguishable from ordinary psoriasis except in their distribution. The interesting feature in the present case report is that it clinically resembled naevoid psoriasis but was histologically compatible with lichenoid epidermal naevus.

References

1. Brownstein MH, Silverstein L, Leifing W. Lichenoid epidermal naevus : Linear lichen planus. J Am Acad Dermatol 1989; 20 : 913 -915

2. Atherton DJ, Kahana M, Russel - Jones R. Naevoid psoriasis. Br J Dermatol 1989 ; 120 : 837-841.