

SHORT COMMUNICATIONS

UNILATERAL MULTIPLE LINEAR LICHEN PLANUS ALONG THE LINES OF BLASCHKO: A REPORT OF TWO CASES

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Two cases, a 54-year-old woman and a 48-year-old man developed papular lesions confined to the left side of their body. The lesions on the trunk were arranged in S-shaped manner. This arrangement was along Blaschko's lines and could be misinterpreted as that of zosteriform lichen planus.

Key words : Unilateral, Linear, Lichen planus, Blaschko's line

Introduction

Lichen planus is a dermatosis of unknown origin with typical clinico-pathological features. Of the many morphological variants described linear and zosteriform lichen planus are rare and unilateral lichen planus seems to be rarer.¹ Unilateral lesions on the body following the lines of Blaschko also have been reported in the literature.²⁻¹²

Case Report

Both, the 54-year-old woman and 49-year-old man noted a pruritic eruption confined to the left side of their trunk 2 and 5 months back respectively. The lesions gradually spread to involve the left side of their body. The general health of both was normal and they were not on any medication prior to the onset of their skin eruption.

On examination, they had multiple, violaceous,

polygonal papules 1-5 mm in size, coalescing at places confined to the left half of their body. The lesions on the

chest and abdomen were densely placed and followed the S-shaped pattern of the lines of Blaschko (Fig.1). The lesions on the limbs were also arranged in a linear manner.

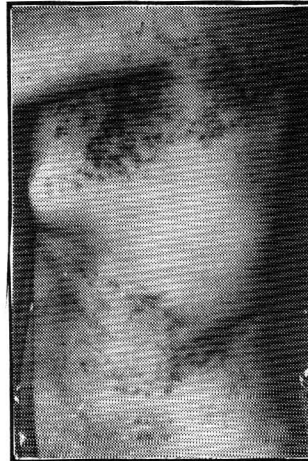


Fig 1. Linear lichen planus on abdomen and chest wall showing the S-shaped distribution of lesions in case 1.

The oral mucous membrane showed a white lacy pattern on the left buccal mucosa. The scalp and nail were not affected. On systemic

examination, no abnormality was found.

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All investigations were within normal limits. Serology for hepatitis B-virus was negative. A skin biopsy taken from a typical papule on the trunk showed orthokeratosis, acanthosis, and hypergranulosis. Focal basal cell degeneration along with a band-like mononuclear infiltrate beneath the epidermis, along with melanin incontinence with melanophages was seen in the upper dermis.

The disease did not respond to topical corticosteroids in either of them over six weeks. They were given oral prednisolone 40 mg/day for 10 days and the lesions flattened with hyperpigmentation. The dose of prednisolone was gradually tapered over the next 3 months. No recurrence of lesions was seen during a follow-up period of 10 months after stopping the treatment.

Discussion

Lichen planus is a commonly encountered dermatosis in clinical practice. Amongst the morphological variants unilateral/linear/zosteriform lichen planus occurring along lines of Blaschko seems to be the uncommon mode of presentation.¹⁻³ There are few cases described in the literature.^{2,5}

Many disorders occur within an area that is innervated by a particular spinal cutaneous nerve. Such a distribution of lesions has provoked many authors to suggest a theory of neural origin to the linear/zosteriform lichen planus, on the other hand it has been recently suggested that most of the lesions occurring in so-called zosteriform manner do not follow a dermatomal pattern or apparently a nerve segment but are rather along the Blaschko's line.⁶ Blaschko's lines do not correspond to any known nervous, vascular or lymphatic structures.⁷ These lines represent distribution of autonomic motor-visceral afferents or stretching of the skin during

embryogenesis. The lines of Blaschko may be followed by some X-linked, congenital and inflammatory skin disorders.⁸

It is very difficult to explain the occurrence of an acquired disorder along the Blaschko's lines, which are normally followed by the inherited/genetic disorders and that too, limited to one half of the body. It seems that there exists a genetic pre-disposition to lichen planus also and exposure to an appropriate environmental or endogenous trigger may lead to the development of lichen planus as in our patient. Nevertheless, why the lesions were confined to one half of the body is not easy to explain unless a mosaic phenomenon is taken into consideration.

The occurrence of lesions along the lines of Blaschko in our patients who incidentally had lesions confined to the left half of their body further confirms the suggestion that such lesions do not follow a dermatomal pattern but are following the lines of Blaschko.

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