

HYPERTROPHIC LICHEN PLANUS SIMULATING SEBORRHOEIC KERATOSIS

To the Editor,

There are many clinical variants of lichen planus one of which is the hypertrophic variety.¹ In this case report, the hypertrophic type mimicked the clinical appearance of a seborrhoeic keratosis.

A 40-year-old man presented with skin lesions of 2 months duration. He also had severe oral lesions which caused burning sensation and painful swallowing. On examination, typical violaceous, polygonal papular lesions were seen in the flexor aspects of the wrists and also in the forearms and upper trunk. Annular violaceous lesions were observed in the penis. In the medial aspect of the upper arm, near the shoulder, a large verrucous plaque, about 4x3 cm with a stuck on appearance was seen. Surrounding this plaque were similar lesions but of a smaller size. A clinical diagnosis of lichen planus was made.

Biopsy of both the classical lesion in the forearm and one of the hyperkeratotic lesions in the upper arm showed the classical features of lichen planus. The patient was treated with prednisolone and dapsone with very good result.

Clinically, hypertrophic lichen planus consists of verrucous plaques covered with fine adherent scales. At the edges of the plaques small flat-topped polygonal papules may be discovered upon careful search, but superficial inspection of the lesion often suggests psoriasis rather than lichen planus.² In our case the lesions were different from those described above. Our patient has sharply circumscribed plaques which resembled seborrhoeic keratosis by its stuck-on appearance.

After classical lichen planus, hypertrophic lichen planus is the most common clinical variant.³ The lesions are chronic and may persist for many years. On histopathology our case showed all features of lichen planus hypertrophicus.⁴

Therapy resulted in quick resolution of these lesions in our case. This is in variance with hypertrophic lichen planus which is usually a chronic process. We report this case mainly to bring to light the unusual clinical presentation of hypertrophic lichen planus simulating seborrhoeic keratosis and also its quick and complete response to treatment. Whether it is a variant of hypertrophic lichen planus or a new morphological variant of lichen planus is debatable.

*M Jayaraman, P Devakar Yesudian,
VR Janaki
Madras*

References

1. Ramsay DL, Hurley HJ. Papulosquamous eruptions and exfoliative dermatitis. In: Moschella SL, Hurley HJ, eds. *Dermatology Philadelphia: W B Saunders, 1985:592.*
2. Domonkos AN, Arnold HL, Odom RB. Lichen planus and lichenoid eruptions. In: *Diseases of the skin. Philadelphia: W B Saunders 1982:263.*
3. Singh OP, Kanwar AJ. Lichen planus in India: an appraisal of 441 cases. *Int J Dermatol 1976;15:752-6.*
4. Lever WF, Schaumburg-Lever G. Non-infectious, erythematous, papular and squamous diseases. In: *Histopathology of skin. Philadelphia: J B Lippincott, 1989:170.*

TERFENADINE PRECIPITATING ERYTHRODERMA IN PSORIASIS

To the Editor,

Psoriatic erythroderma may show different degrees of disease activity presenting suddenly as erythroderma or gradually evolving