

LICHEN PLANUS IN MONOZYGOTIC TWINS

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A pair of identical twins presented with lichen planus involving skin and nails.

Key Words : Monozygotic twins, Lichen planus

Introduction

Of all new cases attending dermatological clinic lichen planus (LP) contributes 0.9 to 1.2%.^{1,2} It affects mainly persons of 30-60 years age group and rarely occurs in children.² Occasional cases of LP in members of a single family have been reported. LP in twins has been reported very rarely.³ Here we report LP in monozygotic twins which, to the best of our knowledge, is the first such report from India.

Case Report

A pair of monozygotic twins aged 9 years presented with multiple flat topped itchy violaceous to brownish papulosquamous lesions on the lower legs and feet. One of them developed the lesions at the age of 8 years and experienced partial remission, followed by exacerbation, and another gave history of 6 months duration. Some of the lesions showed Koebner's phenomenon. The first of the twins showed pterygium of the nails of the right ring and little fingers and other showed it on the right ring finger only. Oral lesions were absent in both of them. They gave no history of any drug, blood or bone marrow transfusion or any disease precipitating lichenoid eruptions. Their parents had no similar lesions. There was no history of fertility inducing drugs in the

mother. On laboratory investigation, the first twin had haemoglobin of 10.5 gm% and ESR of 15mm/1st hour; other had haemoglobin of 8.5gm% and ESR was 40mm/1st hour. Chest x-ray and Mantoux test were normal in both, so were the liver function tests, HBsAg and renal function tests. On histopathological examination, the skin lesions showed all the typical changes suggestive of LP.

Discussion

The cause of lichen palnus is unknown.^{1,2} Several hypotheses had been put forward regarding the aetiology of the LP. It is thought to be associated with an alteration in cell mediated immune response with a dermal infiltrate of CD4+T cells.¹ Although an infectious cause had been suggested by some authors, no data to support this has been forthcoming.³ The role of genetic factor is also still undetermined although there is some evidence of greater prevalence of HLA-A3 in patients with LP than in the general population.^{1,3} The present report is to be considered unique for the following reasons. Firstly, the patients are monozygotic twins. Secondly, both of them had lesions confined to the legs and pterygium on the right hand, which may be a conincidence. From the aetiological point of view, here LP may be due to some infectious agent, but the other family members were not affected. It may have genetic considerations, but could not be substantiated, as HLA study was not possible in our institute.

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References

1. Arndt KA. Lichen planus. In : Fitzpatrick TB, Eisen AZ, Wolff K, editors. *Dermatology in general medicine*. New York : McGraw Hill, 1993: 1134-44.
 2. Black MM. Lichen planus and lichenoid disorders. In : Champion RH, Burton JL, Ebling FJG, editors. *Textbook of dermatology*. Oxford: Blackwell, 1992: 1675-98.
 3. Gibstine CF, Esterly NB. Lichen planus in monozygotic twins. *Arch Dermatol* 1984; 120:580.
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