LICHEN NITIDUS OF PALMS AND SOLES

Vijay Gandhi, Paschal D'Souza, Sumeet Gujral , M Ramam

Lichen nitidus occurs uncommonly on the palms and soles and has an unusual morphology at these sites. Two patients who presented with lesions on the palms and soles are reported. The first patient had rough papules with prominent keratotic plugs. In the second patient, the lesion was an irregular plaque with peripheral papules showing keratotic plugs. Both patients had typical lesions elsewhere on the body. Histopathology confirmed the diagnosis. Awareness of this variant will help in prompt recognition of the condition.

Key words: Lichenoid disorders, Volar skin

Introduction

Lichon nitidus is a condition characterised by multiple shiny hypopigmented to skin coloured, tiny papules commonly seen on the forearms, abdomen, chest, buttocks and penis.[1] The condition is easily recognised when located at the classical sites. Rarely, lesions may develop on the palms and soles,[2-5] where they pose a diagnostic problem. We describe two patients who had this uncommon presentation of lichen nitidus.

From the Department of Dermatology and Venereology and Pathology, All India Institute of Medical Sciences, New Delhi -110 029 , India.

Address correspondence to:
Dr M. Ramam,
Department of Dermatology and Venereology,
All India Institute of Medical Sciences,
New Delhi -110029, India

Case Report

Case 1 : A one and half-year-old boy presented with multiple skin- coloured, shiny papules on the forearms, dorsae of hands and feet, buttocks, trunk and shaft of penis for 3 months. In addition, he had papules on the right palm and right sole. The palmar lesions were grouped, firm papules with blanchable erythema (Fig.1).

Figure 1. Keratotic plugs within papules of palmar lichen nitidus. (The skin has been stretched to highlight this feature.)

Each pauple showed a prominent, central keratotic plug. Skin biopsy from the palmar lesion and a shiny papule on the forearm revealed similar features. There was a circumscribed inflammatory infiltrate consisted of lymphocytes, histiocytes, epithelioid cells and a few giant cells. The overlying epidermis was thinned and showed basal cell degeneration. In addition, the palmar lesion showed hyperkeratosis and patchy parakeratosis overlying the dermal infiltrate (Fig. 2).

Figure 2. Inflammatory infiltrate confined to one papilla eroding the overlying epidermis. Note Langhan's giant cell in centre of infiltrate.

Case 2. A 12-year-old girl developed gradually progressive multiple, asymptomatic keratotic papules on right palm for one and half years. The papules were grouped to form an irregular plaque measuring 3 x 4 cms, which showed central clearing and multiple keratotic papules at the periphery. A few of these papules showed a central keratotic plug. The papules were confined to the palms for 15 months. Subsequently, she developed multiple, discrete as well as grouped, shiny papules measuring 1-2 mm on the dorsae of both forearms, elbows and right knee. Skin biopsy from the palm showed features compatible with lichen nitidus.

Discussion

Lichen nitidus of the palms and soles causes diagnostic confusion because of the rarity with which it occurs and the atypical morphology of lesions at these sites. Lichen nitidus of the palms and soles has been reported to resemble pompholyx, and hyperkeratotic, fissured eczema, Purpuric lesions have also been described.[4] In our second patient, the palmar lesion was an irregular plaque showing central clearing and discrete keratotic papules at the periphery. A firm diagnosis of lichen nitidus was not made clinically and was discovered on histopathology. In the other patient, in spite of the rough texture of the palmar and plantat papules and the presence of prominent keratotic plugs at the centre of each papule, a diagnosis of lichen nitidus was considered in view of the typical lesions at other sites.

The co-existence of typical lichen nitidus at other sites is an important clinical clue to the diagnosis, but these may not be present, or may appear much later as in our second patient. In these situations, the diagnosis may be missed unless there is awareness that the condition may present on palmo-plantar skin as discrete and grouped papules with keratotic plugs. Interestingly, the central parakeratotic focus described in lichen nitidus,[6,7] appears to be more prominent in palmo-plantar lesions probably because of the thick stratum corneum at these sites.

References

1. Black MM. Lichen planus and lichenoid disorders. In: Textbook of Dermatology, 5th edition edited by Champion RH, Burton JL,Ebling FJH Blackwel Scientific Publictions, Oxford 1992, 1675 - 1698.

2. Lowenfish FP. Lichen nitidus, Arch Derm Syph 1935; 32 : 503.

3.Savin J. Samman PD. Linchen nitidus. Br J Dermatol 1970; 82:423- 424.

4. Coulson IH, Marsden RA, Cook MG. Purpuric palmar lichen nitidus - an unusual though distinctive eruption, Clin Exp Dermatal 1988; 13 :13:347-349.

5. Porter DI, Samman PD. Lichen nitidus of the palms and soles. Arch Dermatol 1970;82:424.

6. Weiss RM, Cohen AD. Lichen nitidus of the palms and soles. Arch Dermatol 1971;104:538-540.

7. Pinkus H. Lichenold tissue reactions. Arch Dermatol 1973; 107; 840 - 846.