ZOSTERIFORM LICHEN PLANUS

To the Editor,

Lichen planus (LP) is a self-limiting eruption with an immunological basis that most commonly affects middle-aged adults. It can involve the glabrous skin, mucous membranes, hair and nails. Erasmus Wilson first coined the word lichen planus in 1869 which was considered to be the same as "lichen ruber" previously described by Hebra.¹ The first variant of LP was reported by Kaposi in 1892 and termed lichen ruber pemphigoides.² Since then about 20 different variants have been described of which zosteriform LP is one.³

LP in childhood is uncommon and paediatric contribution is only 2 to 3% of all patients. Here we describe a 2-year-old male child with zosteriform LP affecting the right lower limb.

A 2-year-old male child presented to us with severely itchy, flat-topped, violaceous papules, both discrete and coalescing to form plaques, over the right lower limb extending in a broad band from the ankle to the buttock. The lesions occupied the antero-medial aspect of the right leg, spiralling posteriorly to involve the popliteal fossa and then the postero-lateral aspect of the thigh and buttock.

As detailed by the father, the eruptions started about ½ months back around the right knee and then rapidly spread to involve the whole area within a month.

The surface of the papules on close examination revealed fine scaling and

Wickham's striae. A few small linear lesions suggested Kobner's phenomenon. Skin at other places, mucous membranes, hair and nails were normal. There were no systemic complaints or any relevant family history.

The histopathological examination of the biopsy specimen revealed orthokeratotic hyperkeratosis, hypergranulosis, acanthosis and saw-toothed appearance of the rete ridges. The dermo-epidermal junction showed a band-like inflammatory infiltrate with a few colloid bodies thus supporting the diagnosis of LP. The child was put on once a day topical application of augmented betamethasone dipropionate cream.

At the age of 2 years other entities which usually present in unilateral, linear or zosteriform pattern are lichen striatus and linear verrucous epidermal naevus.

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References

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