VULVAL LICHEN PLANUS LEADING TO URETHRAL STENOSIS

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An 8-year-old female child presented with difficulty in micturition preceded by some vulval lesions. She had itching around vulva associated with burning sensation and gradually developed a whitish patch. Histology was compatible with lichen planus.

Key Words : Lichen planus, Genital lesion, Urethral stenosis

Introduction

Lichen planus lesions on the genitalia are less common and when present are usually part of a more widespread eruption. They may, however, occur alone or be combined with lesions in the mouth, but not elsewhere. They must be distinguished from lichen sclerosus or leukoplakia, but at times this may be difficult when there is coexisting atrophy or vaginal stenosis.

Case Report

An 8-year-old female child presented with difficulty in micturition preceded by some vulval lesions. She attended Urology department for her urinary complaints. She was apparently alright 4 months back. To start with she had itching around vulva. Her mother noticed whitish patch around the vulva which was also associated with burnig sensation.

There was no past history of such attack. There were no history of tuberculosis, diabetes or hypertension, worm infestation or of contact dermatitis. On examinaton external genitalia appeared normal. On sliding the labia majora the medial aspects of both sides were inflammed and bluish white in colour. Labia minora as well as urethra were involved with whitish patch around them.

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Investigation revealed Hb 10.2 gm%. TLC 9,800 mm^3, DC N_{59} E_9 L_{35}, fasting blood sugar 70 gm%, urine pus cells ++. Urine culture grew coagulase.negative staphylococci sensitive to netromycin/gentamycin/cephotaxime/norfloxacin/chloramphenicol.Skin biopsy from labia minora showed hyperplasia of squamous epithelium associated with hyperkeratosis. There was degeneration of basal cells associated with marked chronic inflammatory reactions. Histology was compatible with lichen planus. Urethral calibration was done. Slight resistance on insertion was felt.

Discussion

Diagnosis of this case points to two diseases causing pruritic vulvar atrophy : (1) lichen planus, (2) lichen sclerosus et atrophicus (LSA). Lichen sclerosus et atrophicus is excluded on the following points: In LSA more general atrophy of the vulva with marked narrowing of introitus occurs. Mucosal surface is dry, ivory white, haemorrhagic flecks and fissuring may be seen. These findings were not found in this case. In histopathology, there will be atrophy of epidermis and appendages. In this case there was hyperplasia of squamous cell layer. Follicular plugging on the margins was not found in this case.

Although the appearance of lichen sclerosus is usually characteristic, other

conditions which are itchy and result in lichenification can produce apparent whiteness of the labia minora, and burnt-out lichen planus and cicatricial pemphigoid can produce atrophy of the vulva and stenosis of the vagina.

A biopsy will often confirm the diagnosis, although in long-standing cases changes can be non-specific.[1]

Reference

1. Ridley CM. Lichen sclerosus. Dermatol Clinics 1992; 10: 309- 24.