Ind J Dermatol Venereol Leprol 1996; 62 : 110-1

LICHEN PLANUS AND LUPUS ERYTHEMATOSUS OVERLAP SYNDROME

Adarsh Chopra, R K Bahl, R K Puri,S S Gill

A 45-year-old woman with livid plaques showing central atrophy and erythematous vesicular borders over both dorsa of feet and buttocks, and follicular and papular lesions over buttocks and lumbar area, was difficult to diagnose as either lichen planus (LP) or lupus erythematosus (LE). The histological studies from two places showed features of both LE and LP. Laboratory findings were within normal limits first, but follow up studies for two years showed persistent albuminurea, leucopenia, arthritis and erythema over the exposed areas with same histology suggesting that eruption may be an unusual variant of LE.

Key Words: Lichen planus, Lupus erythematosus

Introduction

Discoid LE and LP are considered as distinct entities with characteristic clinical, histological and immunological features.[1] But rarely there have been reports of overlapping features of both disorders. The overlap syndrome has been characterized by clinical and histological criteria.[2] It consists of livid bluish red patches or plaques affecting the acral areas of the extremities that show a hypocellular or hypercellular lichenoid pattern in papillary dermis. Pruritus and photosensitivity are usually absent. Long term follow up may show a progression to SLE in some cases but persistence of skin lesions in others. We are reporting a female patient with features of both the diseases.

Case Report

A 45-year-old female presented with asymptomatic well-defined scaly plaques showing central atrophy and erythematous vesicular borders over both the dorsa of feet and buttocks and follicular papular lesions over buttocks and lumbar area for the last 1½ years. No other area was involved. The scales were fine and adherent but on removing no follicular plugging was visible. There was no history of joint pains, fever, photosensitivity, neuropsychiatric disturbances, cough, and dyspnoea. Nails showed changes in the form of longitudinal ridges, pitting and sub-ungual hyperkeratosis. Left big toe nail showed median canaliculus and atrophy of proximal part of the nail. Routine blood tests were within normal limits. She was put on topical steroid cream but there was no response. After 6 months she complained of joint pains and mild to moderate fever and on investigations, haemoglobin was 8.5 mg%, leucocyte count was 3500/ mm^3 and rest of the investigations were normal. At the same time she developed erythema over the butterfly area of face. Biopsy from the edge of the lesion on the foot showed hyperkeratosis, parakeratosis, acanthosis and elongation of rete ridges. At places there was sharpening of rete ridges giving saw-toothed appearance. Dermoepidermal junction showed linear band like round cell infiltration. Deeper dermis showed perivascular infiltrate and at places there was massive round cell infiltration.

From the Departments of Skin and STD, and Pathology, Government Medical College and Rajindra Hospital, Patiala, India.

Address correspondence to : Dr Adarsh Chopra 27 Bank Colony, Patiala.

Discussion

Our patient had all the characteristic clinical and histological fearures of both LE and LP. Coexistence of these two diseases has been described by Romero et al.[3] The nail changes seen in our patient were consistent with LP.[4] Development of arthritis, fever and erythema over the photosensitive areas during two years of follow up led us to think that these lesions were a variant of LE. Same were the findings of Jamison et al.[2] Such cases should be followed up to confirm whether these are the coexistent diseases or unusual variant of LE.

References

1. Black MM. Lichen planus and lichenoid eruptions. In: Rook A, Wilkinson DS, Ebling FJD, Champion RH, Burton JL, eds. Textbook of dermablogy. 4th edn. Oxford: Blackwell Scientific Publications, 1986:1681.
2. Jamison TH, Cooper NM, Wallace V, Epsteen. Lichen planus and discoid lupus erythematosus. Arch Dermatol 1978;1039-41.
3. Romero RW, Nesbitt LT Jr, Reed RJ. Unusual variant of lupus erythematosus. Arch Dermatol 1977;13:741-8.
4. Samman PD. Nails in lichen planus. Br J Dermatol 1961;73:288-92.