

DEFINITION

1. Lichen planus is a widespread disorder affecting skin and mucous membranes. It is characterised by shiny flat papules of a violaceous colour on the skin which are usually itchy and white streaks forming a lacework pattern on the mucous membranes.

CLINICAL MANIFESTATIONS

2. A few cases evolve rapidly and clear within a few weeks, but in most cases the onset is insidious, the lesions clearing within 18 months in 85% of cases. Chronicity is related to the development of local hypertrophic lesions or to mucous membrane involvement.
3. The skin papules vary in size from pinpoints to 1 cm or more across and white lines (called Wickham's striae) running across the surface of the papules may often be seen. The papules may be discrete or appear in groups. Annular lesions may be formed by a single large papule clearing in the centre leaving an active margin. Linear lesions often appear along scratch marks or in scars (**Köbner phenomenon**). Vesicles and bullae are uncommon, but occasionally predominate leading to diagnostic confusion.
4. Variants include the hypertrophic type where the papules (which persist much longer) enlarge, thicken and become rough on the surface (**lichen planus hypertrophicus**). Lesions around hair follicles may become spiny and this type is called **lichen planus plano-pilaris**. Other rarer variants include linear lesions (**lichen planus linearis**), the subtropical type (**lichen planus actinicus**), large annular lesions (**lichen planus annularis**), widely scattered lesions (**guttate lichen planus**), atrophic lesions (**lichen planus atrophicus**) and lichen planus of the palms and soles which does not have the characteristic appearance of the disease elsewhere.
5. Lichen planus can affect any part of the body, but it is most likely to appear on the front of the wrists, the lumbar region around the ankles. The ankles and shins are the commonest sites for hypertrophic lesions.
6. The mucous membranes are affected in 30-70% of cases. The buccal mucosa and tongue are most often involved, but lesions may be found around the anus, on the genitalia, in the larynx, on the tympanic membranes and in the oesophagus. Ulcers in the mouth are uncommon.
7. Itching may occasionally be absent but when present may range from a mild irritation to a severe itching interfering with sleep and making life almost intolerable. Hypertrophic lesions usually itch severely, and great discomfort may be caused in the mouth by hot foods and drinks.

AETIOLOGY

8. Although the exact aetiology of lichen planus is not known, considerable evidence now exists that the underlying processes involved in the development of the condition are immunologically mediated. The underlying immunological process is complex and although no clear cut pattern of inheritance has emerged lichen planus is known to occur in families.
9. A search for a viral triggering factor has proved inconclusive and no other external triggering factor has been identified.
10. The disease may be associated with diseases of altered or disturbed immunity such as ulcerative colitis, diabetes mellitus, alopecia areata, vitiligo, thymoma, myasthenia gravis, hypogammaglobulinaemia and primary biliary cirrhosis. This is thought to indicate a common immunological aetiology rather than a "cause and effect".
11. The condition occasionally occurs in certain tattoo reactions where there is a co-existing mercury hypersensitivity.

CONCLUSION

12. Lichen planus is a widespread skin and mucous membrane disorder with certain characteristic clinical features. Research indicates that it is an endogenously determined immunological disorder with a possible genetic link. No external triggering factors have been identified. Although it can occur in association with immunologically linked disorders this association is thought to be a common immunological link rather than a "cause and effect".

REFERENCES

Black M M. Lichen Planus and Lichenoid Eruptions. In: (Eds) Champion R H, Burton J L and Ebling F J G. Textbook of Dermatology. Oxford. Blackwell Scientific Publications. 5th Ed. 1992:1675-1698.

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