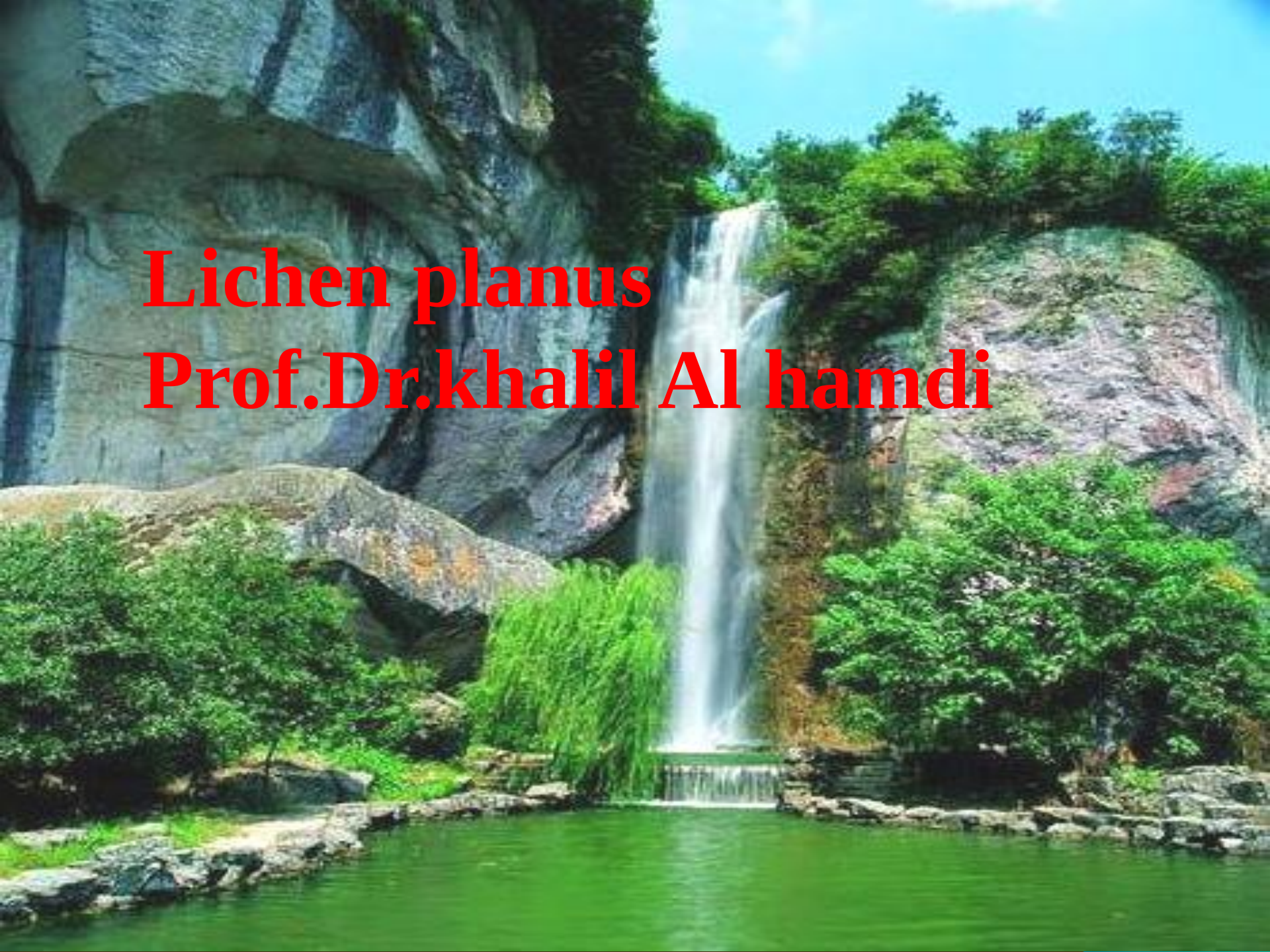

Lichen planus
Prof.Dr.khalil Al hamdi

Lichen planus :

what is it ?

incidence 1.2%

Etiology : unknown

lmmunologically mediated dis. to wared un recognized Ag located at the basal cell layer.

association with Hcv. inf. Suggest a possible role for Hcv. in its pathogensis .

Main histopathological features are :

1- Liquefaction degeneration of the basal cell layer.

2- Band like lymphocytic infiltrate at DE junction .

Clinical features :

age : Any age mostly 30-60years . M= F

5 Ps criteriae

- purple
- plane
- polygonal
- pruritic
- papule

onset is usually gradual

Size is variable from pinpoint to a cm or more .

Shape : Is also variable may arrange in groups , lines ,annular .

They may be closely aggregated or widely dispersed . May develop along line of trauma → koebner phenomenon .

may be crossed by whitish striae alternating with violeous ones

→ **wickham's striae .**

Itching is a constant feature vary in severity from mild to so severe interfering with sleep and normal activities .

Lesion usually heal with hyper pigmented areas .

Common sites :

volar aspect of the wrist, lumber region , around the ankles shin , gentilia .

M . Membrane of oral cavity is involved in 30-70% :

- Net work of whitish lines .
- Leucoplaqia like .
- Discrete papule .
- Vesicles .
- Ulcer .
- Cheilitis

} Rarely

Nails → **10% :**

→ Finger nails > toe nails :

→ Thining of nail plate

→ Exaggeration of the longitudinal lines .

→ Fusion of the proximal nail fold with nail bed

↓

pterglum ungium .

Complete destruction and nail loss .

Hair : Scarring Alopecia .

Clinical variants :

1- Classical type .

2- L.P. of m. membrane .

3- Hyper atrophic L.P.

4- Atrophic L.P.

5- Follicular L.P.

6- Linear L.P.

7- Actinic L.P.

8- Annular L.P.

9- L.P. pigmentoses .

10- Acute and subacute L.P.

11- L.P. of palms and soles .

12- Gutate L.P.

Compliations :

1- Scarring Alopeciae .

2- Nail distraction .

3- Malignant changes in ulcerative .

Diagrosis:

Clinical features

Skin biopsy

IMF testing Global deposit of IgM, IgG at DE

Treatment

Topical : Potent steroid

Fluocinolone

Clobetasol

Intra lesional inj. of steroid and treatment under occlusion for H.P.L.P.

Systemic : Anti histamine to relive itching .

systemic steroid indications .

Predinsolone 15-20 mg/ a day for 6/ wks .

Prognosis : Acute type

few weeks-few months.

Classical type :

with in 9 months.

Hyper atrophic type :

18 months up to 20yrs.

m. m.l.p. :

usually heal very slowly persist

Pityriasis rosacea :

what is it ?

cause

Clinical features :

Herald patch → criteria collarate scale

↓ **7-10 days**

Daughter patches of same criteria but smaller size

Christmas tree distribution

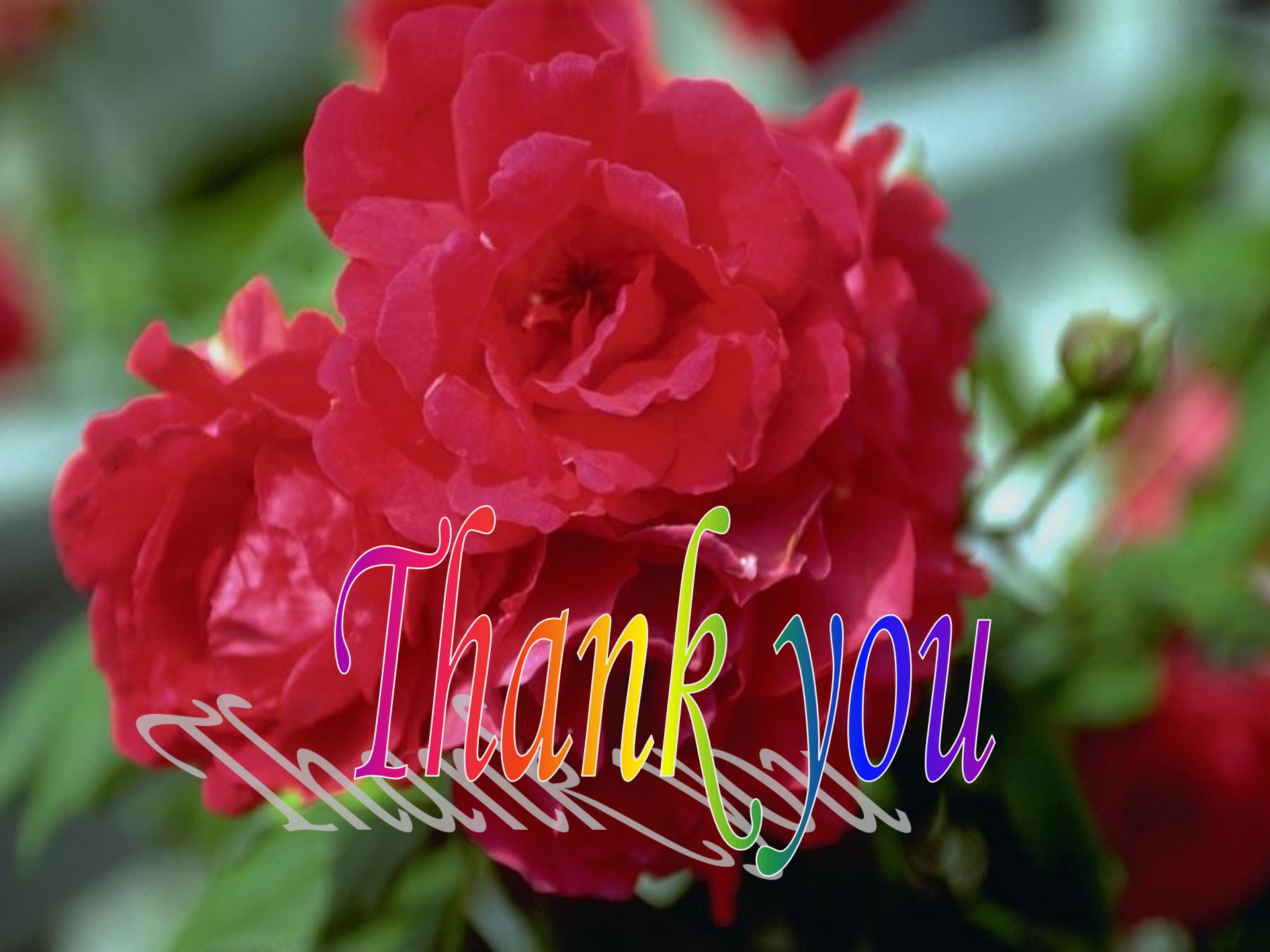
↓

Resolve within few/ wks

↓

2nd attack is exceptional

Treatment


Thank you