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Case Report

A Lady with an Ulcer on the Right Hand and Verrucous Lesions on the Limbs

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Abstract

A case of Ulcerative Lichen Planus (ULP) of a palm associated with hypertrophic lichen planus is reported. ULP is usually localized at the plantar region. Our case is the second one with ulcerative lesions at a palm and it is also interesting because it is associated with hypertrophic lichen which is another rare variant of lichen.

Keywords: Ulcerative lichen planus; Hypertrophic lichen planus; Topical therapy

Case Presentation

A healthy 74 year old woman, presented with a severe painful unilateral ulcer involved the right palm present from some months (Figure 1). On both the pretibial areas and ankles, verrucous pigmented itchy lesions were observed (Figure 2). They were present for 1 year. No involvement of the nails and mucous membranes was present. The patient had hypertension treated with Sartans. Some years before the present lesions, she had developed on her wrists classical cutaneous lichen planus eruption (LP, popular type) spontaneously healed in one year. Patient had treated the ulcerative lesion with topical antibiotics and emollients without improvement. The dressing were very difficult due to the severe pain. Actually, the lesion tended to worsen. Standard haematological tests were normal. A biopsy taken at the edge of the ulcer revealed an epidermal hyperplasia with elongated rete ridges, apoptotic keratinocytes and band-like lymphocytic infiltration in the superficial dermal area A biopsy taken on the verrucous area on the right shin revealed hyperkeratosis, acanthosis and lympho-histiocytic infiltration in papillary dermis. The diagnosis was: Palmar ulcerative lichen planus associated with verrucous lichen planus of the shin. The patient was treated with topical prednisone and non-adherent gauze with chlorhexidine associated with a constant psychological care for the pain. The ulcer healed completely in three months without relapse at one year follow up. HLP improved with topical clobetasol cream (Figure1).

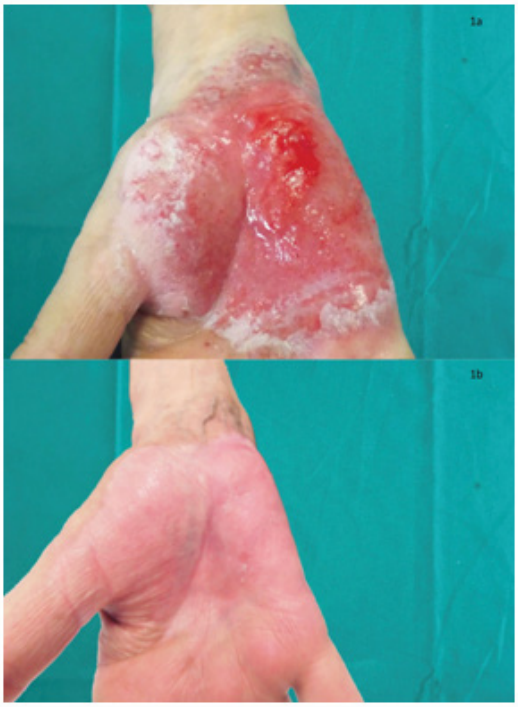

Figure 1a: Ulcerative lichen planus involved the palm
1b: Healed ulcerative lichen on the palm.

Discussion

LP is an inflammatory disease of the skin, hair, nails and mucous membranes with characteristic clinical and histological aspects. Ulcerative Lichen Planus (ULP) is the term applied to a very rare form of LP characterized by a chronic, progressive, painful, disabling ulceration typically located on the plantar surfaces. The first reported case by Friedman was in 1921 [1]. Since then about one hundred cases have been described usually on the soles and rarely elsewhere such as groin, upper back and lower limb. Differential diagnosis includes the venous ulcer or a malignancy and needs a histopathological confirmation. Our patient is the second case in whom ULP affected

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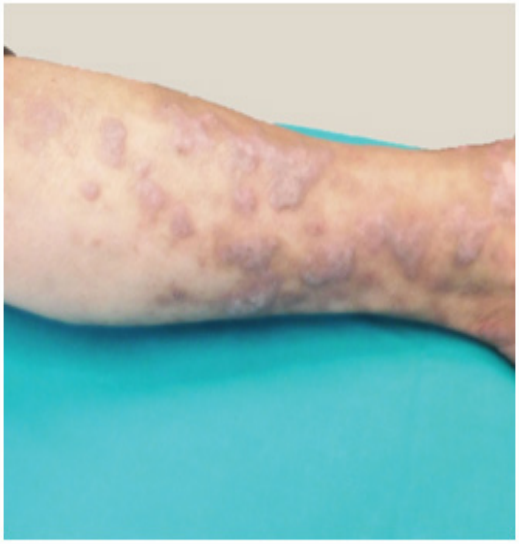

Figure 2: Hypertrophic lichen planus involved the shin.

the palm [2]. ULP is usually associated with scarring alopecia, erosive lesions of oral and genital mucosae and nail dystrophy not present in our patient [3]. ULP is difficult to treat. Topical treatments as topical prednisone and tacrolimus have been used, but systemic medications such as retinoids, cyclosporine, azathioprine, UVA1, and antimalarials are sometimes necessary [4]. In our patient we achieved very good and definitive result with topical steroid, frequent dressing and a psychological support. Hypertrophic Lichen Planus (HLP) occurs as thick, elevated, purplish hypertrophic lesions seen mainly over the extremities, especially over the shins and interphalangeal joints. It is the most pruritic variant of LP and the lesions difficulty heals with hypo or hyper-pigmented scars. Squamous cell carcinomas may develop over long lasting HLP [5]. In the literature there is some confusion about the term "erosive" LP and "ulcerative" LP. Several authors use these terms indifferently as synonyms [1,4]. In our opinion, erosive LP is the form which involves mucosae and ULP should define the form which develops on the soles and palms where traumas are frequent and could be responsible of deeper lesions. In conclusion our case is interesting for two reasons: the localization at the palm of UPL and the unusual coexistence of two rare forms of LP.

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