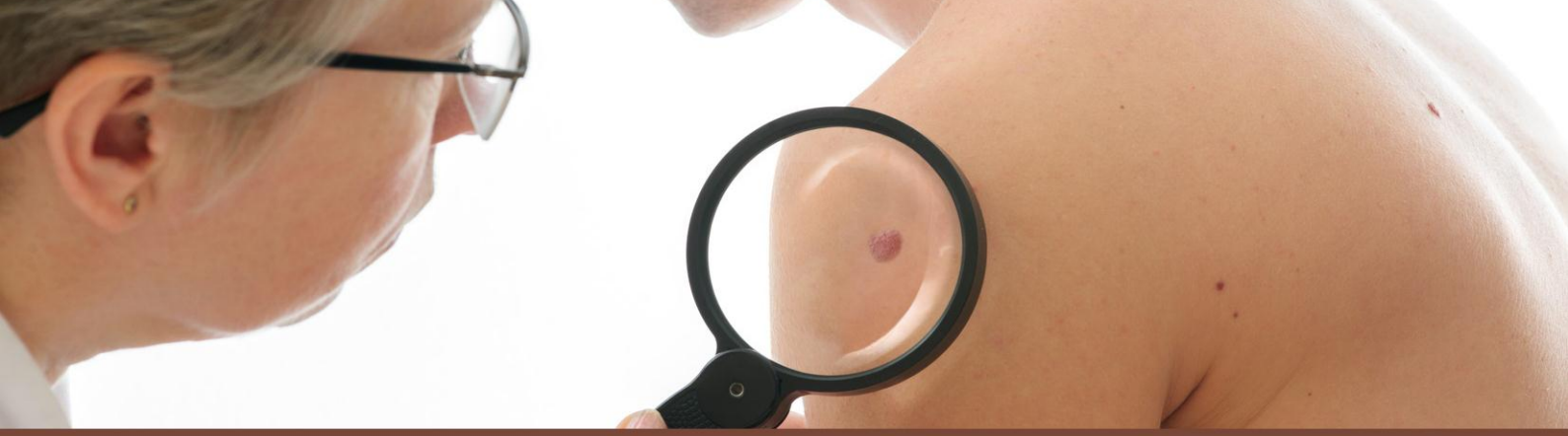

433 Teams

DERMATOLOGY

Lecture (14)

Other Papulosquamous Diseases

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Objectives:

- Define the papulosquamous disease.
- Highlight on the pathogenesis of papulosquamous diseases.
- Discuss the clinical features of papulosquamous diseases.
- Highlight on the papulosquamous diseases treatment.

Color index: slides, doctor notes, 432 notes

Lichen Planus (الحزاز)

- **Lichen planus** (LP) is a **pruritic**, papular eruption characterized by its violaceous color, polygonal shape, and sometimes fine scale.
- It is most commonly found on the flexor surfaces of the upper extremities, on the genitalia, and on the mucous membranes.

Epidemiology:

- Approximately 1% of all new patients in derma clinic.
- Rare in children
- **F=M**
- LP can occur at any age but two thirds of patients are aged 30-60 years
- No racial predispositions have been noted

Pathophysiology :

- The cause of LP is **unknown**
- LP may be a cell-mediated immune response of unknown origin
- LP may be found with other diseases of altered immunity like ulcerative colitis, alopecia areata, vitiligo, dermatomyositis.
- An association is noted between LP and hepatitis C virus infection, chronic active hepatitis, and primary biliary cirrhosis.
- Familial cases.
- Drug may induce lichenoid reaction like: Thiazide, Antimalarials, Propranolol.

Clinical features:

- Most cases are insidious.
- The initial lesion is usually located on the flexor surface of the limbs After a week or more, a generalized eruption develops with maximal spreading within 2-16 weeks.
- Pruritus is common but varies in severity.
- Deep pigmentation may persist for long time.
- **LP** With oral ulcers risk of Squamous cell carcinoma.
- Oral lesions may be asymptomatic or have a burning sensation.
- In more than 50% of patients with cutaneous disease, the lesions resolve within 6 months, and 85% of cases subside within 18 months.
- The papules are violaceous, shiny, and polygonal. varying in size from 1mm to greater than 1 cm in diameter.
- They can be discrete or arranged in groups of lines or Circles.
- Characteristic fine, white lines, called ***Wickham Stria***, are often found on the papules.
- Oral lesions are classified as reticular, plaque-like, atrophic, papular, erosive, and bullous.

- Ulcerated oral lesions may have a higher incidence of malignant transformation.
- Genital involvement is common in men with cutaneous disease
- Vulvar involvement can range from reticulate papules to severe erosions.

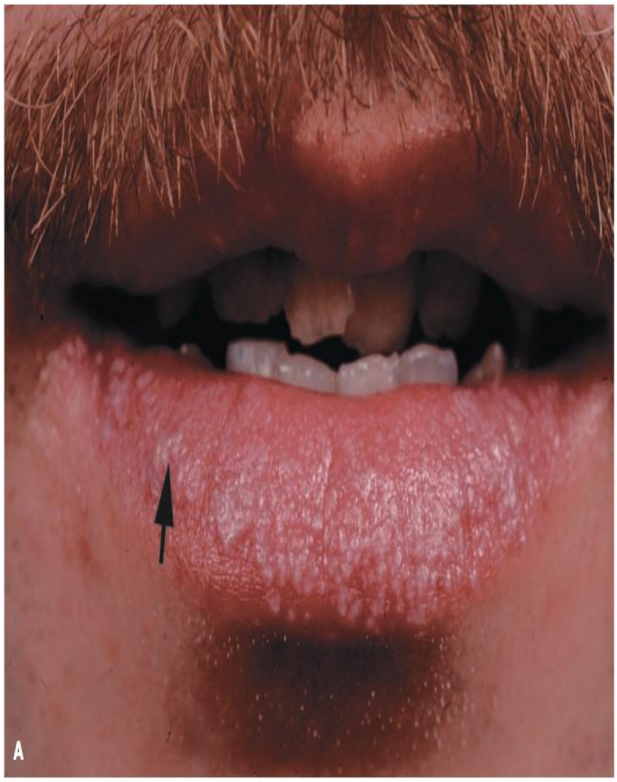
Variations in LP

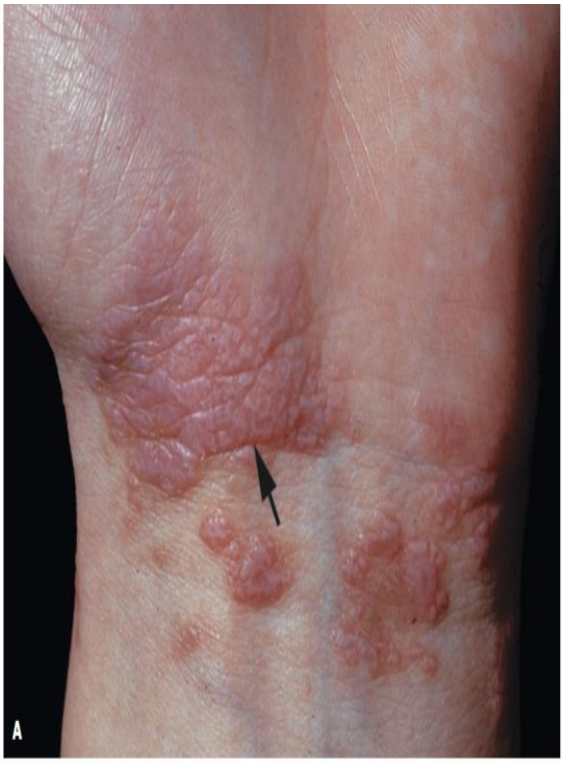
1- **Hypertrophic LP**:
These extremely pruritic lesions are most often found on the extensor surfaces of the lower extremities, especially around the ankles.
2- **Atrophic LP**:
Is characterized by a few lesions, which are often the resolution of annular or hypertrophic lesions.
3- **Erosive LP**: risk of squamous cell carcinoma
4- **Follicular LP**:
- Keratotic papules that may coalesce into plaques.
-A scarring alopecia may result.
5- Annular LP:
Annular lesions with an atrophic center can be found on the buccal mucosa and the male genitalia.
6- **Vesicular and bullous LP**:
Develop on the lower limbs or in the mouth from preexisting LP lesions.
7- **Actinic LP**:
- Africa, the Middle East, and India.
- Mildly pruritic eruption.
- Characterized by nummular patches with a hypo-pigmented zone surrounding a hyper-pigmented center.
8-**LP Pigmentosus**:
- Common in persons with darker-pigmented skin.
- Usually appears on face and neck.

LP and nail :

- In 10% of patients
- Nail plate thinning causes longitudinal grooving and ridging
- Subungual hyperkeratosis and Onycholysis.
- Rarely, the matrix can be permanently destroyed with prominent Pterygium formation.
- Twenty-nail dystrophy

Pterygium unguis (Dorsal pterygium) forms as a result of scarring between the proximal nailfold and matrix.





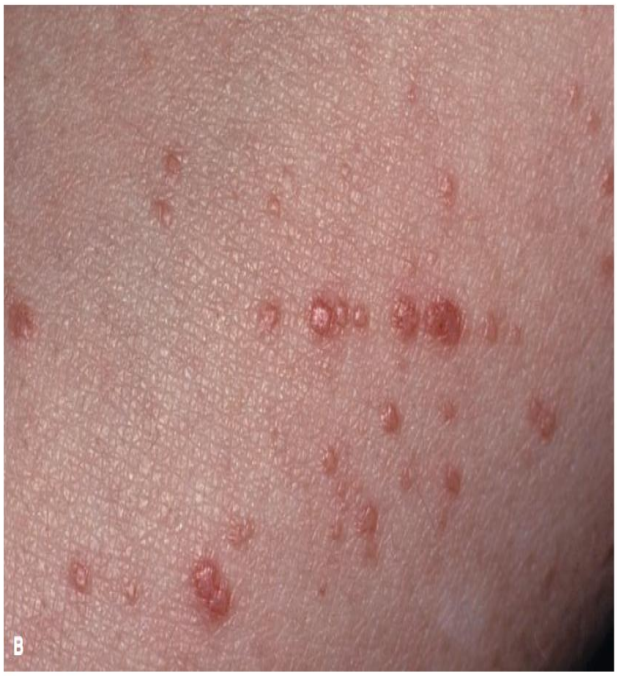


Figure 14-23. Lichen planus (A) Silvery-white, confluent, flat-topped papules on the lips. *Note:* Wickham striae (*arrow*). **(B)** Lichen planus, Koebner phenomenon. Linear arrangement of flat-topped, shiny papules that erupted after scratching.

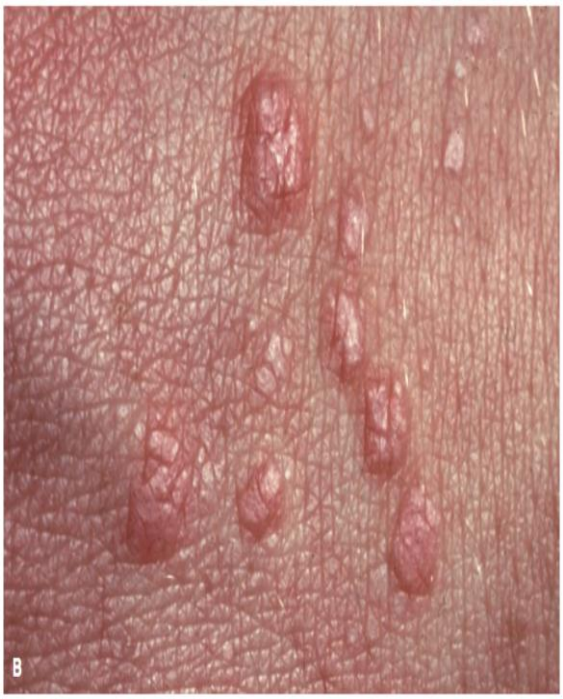


Figure 14-20. Lichen planus (A) Flat-topped, polygonal, sharply defined papules of violaceous color, grouped and confluent. Surface is shiny and, upon close inspection with a hand lens, fine white lines are revealed (Wickham striae, *arrow*). **(B)** Close up of flat-topped shiny violaceous papules that are polygonal.

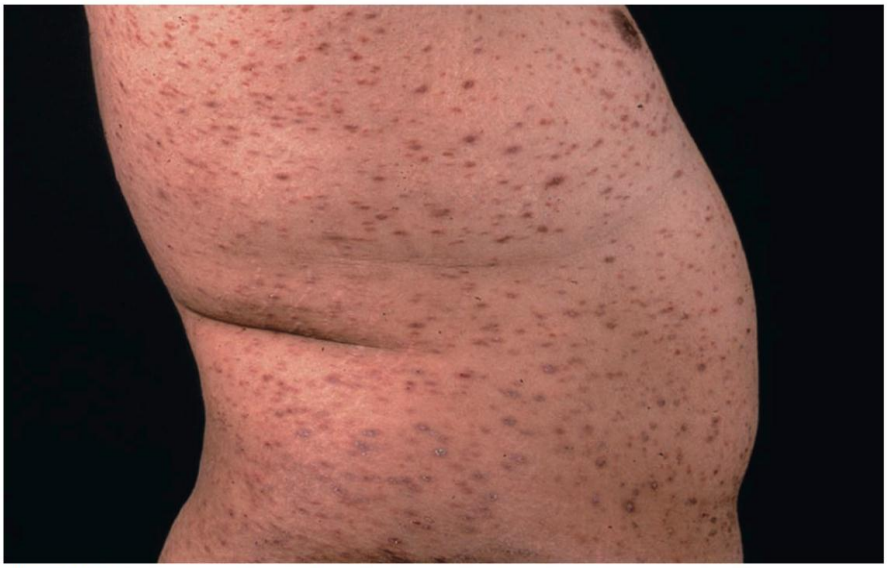


Figure 14-22. Disseminated lichen planus A shower of disseminated papules on the trunk and the extremities (not shown) in a 45-year-old Filipino. Due to the ethnic color of the skin, the papules are not as violaceous as in Caucasians but have a brownish hue.

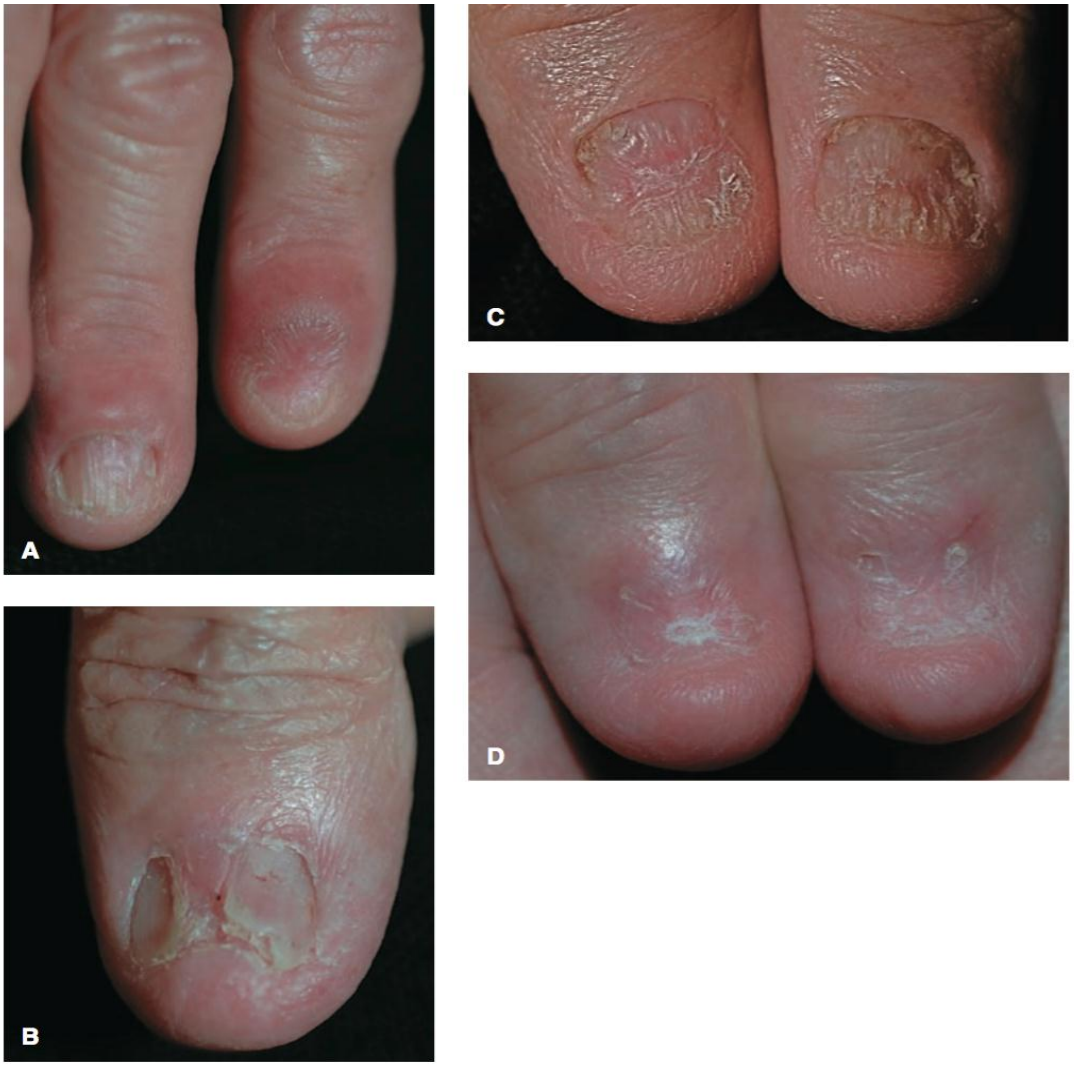


Figure 32-9. Lichen planus (A) Middle finger: involvement of the proximal fold and matrix has caused trachonychia, longitudinal ridging, and pterygium formation. Index finger: destruction of the matrix and nail plate is complete with anonychia. Seven of ten fingernails are involved; the others are normal. **(B)** Involvement of the nail matrix with scarring or pterygium formation proximally dividing the nail plate in two. **(C)** Early involvement of the matrix with thinning of the thumbnail plates. **(D)** Same patient as Fig. 32-8C 2 years later, the nail plate is completely destroyed, i.e., anonychia.

Differentials diagnoses:

- Graft Versus Host Disease
- Lichen Nitidus
- Lichen Simplex Chronicus
- Pityriasis Rosea
- Psoriasis, Guttate
- Psoriasis, Plaque
- Syphilis
- Tinea Corporis

Treatment:

- Self-limited disease that usually resolves within 8-12 months.
- Treat to prevent hyperpigmentation.
- Anti-histamine (for pruritus).
- Topical steroids, particularly class I or II ointments
- Systemic steroids for symptom control and possibly more rapid resolution
- Oral Acitretin (Retinoid).
- Photo-therapy
- Others

Pityriasis Rosea: (النخالية الوردية)

Definition:

- Acute mild inflammtory exanthem.
- Characterized by the development of erythematous scaly macules on the trunk.

Epidemiology:

- In children and young adult
- Increased incidence in Spring and Autumn
- **PR** has been estimated to account for 2% of dermatology outpatient visits.
- **PR** is more common in women than in men

Pathophysiology:

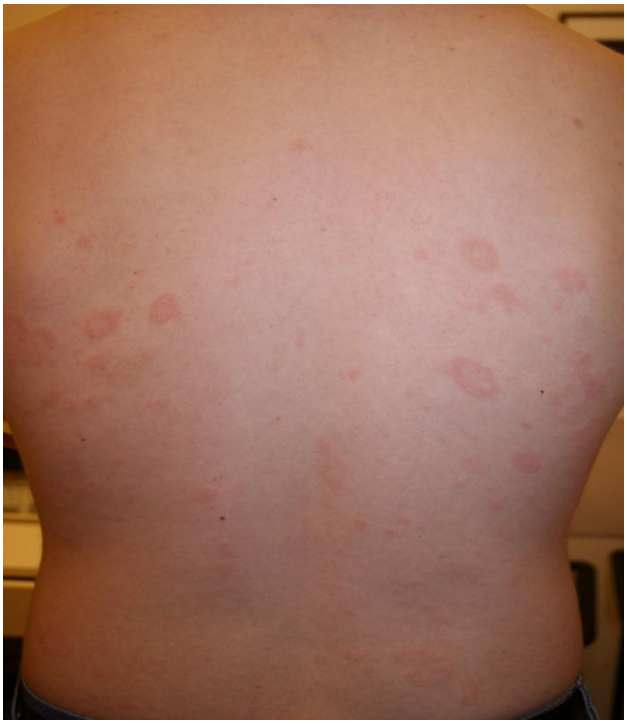
- PR is considered to be a viral exanthem
- Immunologic data suggest a viral etiology
- Families and close contacts
- A single outbreak tends to elicit lifelong immunity
- Human herpes virus (HHV)–7 and HHV-6
- PR-like drug eruptions may be difficult to distinguish from non–drug-induced cases.
- Captopril, metronidazole, isotretinoin, penicillamine, bismuth, gold, barbiturates, and omeprazole.

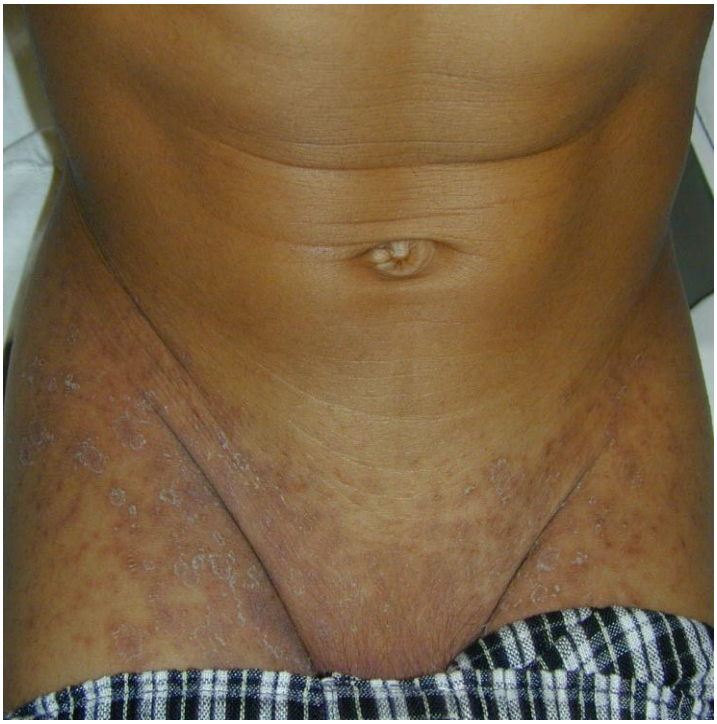
Clinical Features:

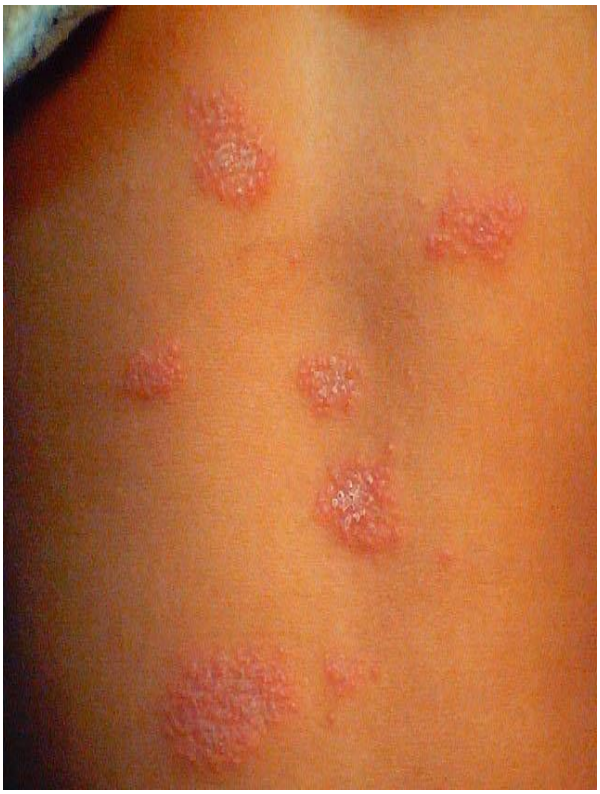
- Begins with a solitary macule that heralds the eruption (herald spot/patch).
- Usually a salmon-colored macule.
- Over a few days it become a patch with a collarette of fine scale just inside the well-demarcated border.
- Within the next 1-2 weeks, a generalized exanthem usually appears.
- Bilateral and symmetric macules with a collarette scale oriented with their long axes along cleavage lines.
- Tends to resolve over the next 6 weeks.
- Pruritus is common, usually of mild-to-moderate severity.
- Over trunk and proximal limbs.

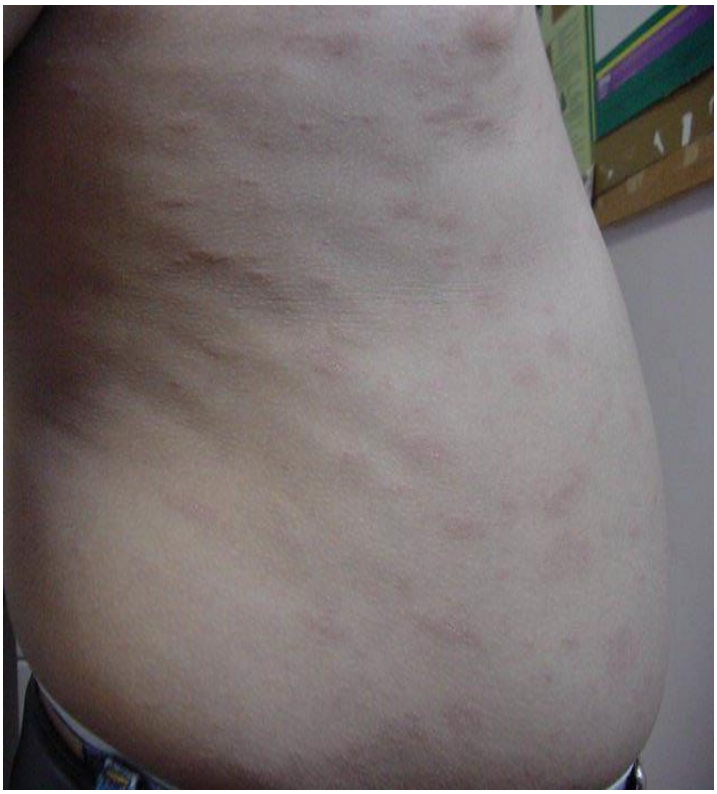
Atypical form of PR:

- Occurs in 20% of patients
- Inverse PR
- Unilateral variant
- Papular PR
- Erythema multiforme–like
- Purpuric PR
- **If it appears in palms and soles —> DDx: secondary syphilis**.









Differential diagnosis:

- Lichen Planus
- Nummular Dermatitis
- Pityriasis Lichenoides
- Psoriasis, Guttate
- Seborrheic Dermatitis
- Syphilis
- Tinea Corporis (Scenario: Patient presents in early stage (only herald patch) is misdiagnosed to have a fungal infection. The physician prescribes an anti-fungal agent. After a few days the patient returns upset with full exanthem and is assuming that the prescribed medication worsened their condition).

Treatment:

- Reassurance that the rash will resolve
- Relief of pruritus
- Topical menthol-phenol lotion
- Oral antihistamines
- Topical steroids
- Systemic steroids
- Ultraviolet B (UV-B) light therapy
- Antiviral

Summery

Lichen Palnus

Pruritic papular eruption charecterized by its violaceous color, polygonal scale, sometimes fine
Scale Involves skin, nails and mucous membranes.
Rare in children. Two thirds of patients are aged 30-60 years.
Pruritus and deep pigmentations are the most important complaints.
5 P's to describe LP: Plentiful, Purple, Pruritic, Polygonal, Papules.
Clinical features: Violaceous, shiny, and polygonal papules of varying size. They can be discrete
Or arranged in groups of lines or circles + Characteristic fine white lines (Wickham stria).
Nail changes: longitudinal grooving and ridging+ subungal hyperkeratosis + onucholysis + pterygium.
Management: self-limited resolves in 8-12 months but leave hyperpigmentation.

Pityriasis Rosea

Acute, self-limiting, mild inflammatory exanthema of unknown origin. May be precipitated by a
Viral infection or drug reaction.
Clinical features: Begins with a herald patch followed by generalized exanthema after 1-2 weeks.
Oval well demarcated patch with fine scale running along cleavage lines.

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