CASE REPORT

Lichen planus with positive Helicobacter pylori

Alsohaimi Aziz A., MD , Alqarni Ahmad A., MD , Alshaikhi Saleh A., MD

Dermatology Department, King Fahad Hospital, Albaha, Saudi Arabia

ABSTRACT

Lichen planus (LP) is a chronic inflammatory muco-cutaneous disease, characterized by pruritic, violaceous, polygonal flat-topped papules and plaques. Involvement of the scalp and nails may also occur. It most commonly affects middle-aged adults of both sexes with no racial predilection. Although the etiology remains unknown, different causes include genetic susceptibility, stress, depression, hypersensitivity to drugs, metals, hepatitis C, trauma, autoimmune diseases, bacterial and viral infections may act as risk factors also. Among bacterial infections, the relation with Helicobacter pylori infection is recently being studied.

KEYWORDS: Lichen planus, helicobacter pylori

INTRODUCTION

Lichenplanus is an uncommon muco-cutaneous disorder of unknown cause that most commonly affects middle-aged adults. Lesions are most commonly seen in flexor surfaces of the wrists, back and ankles. Mucous membrane lesions occur in 30– 70% of cases. Recent studies suggest that patients with lichen planus are more prone to acquire the Helicobacter pylori. Patients with localized lichen planus are usually treated with potent topical steroids, while systemic steroids are used to treat patients with generalized lichen planus.

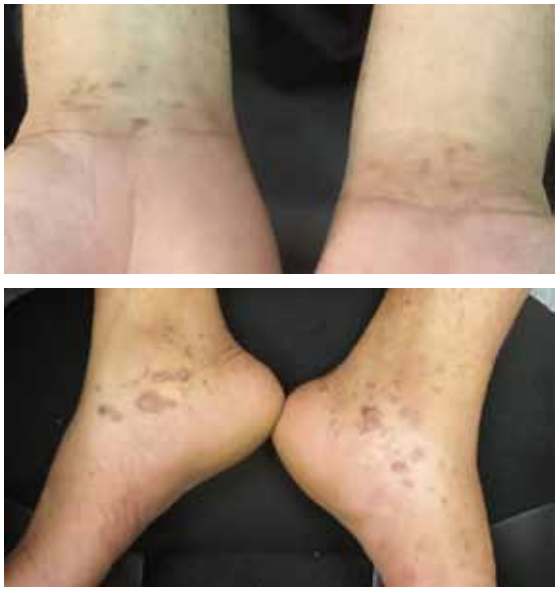

Fig. 1 Multiple slightly pruritic, infiltrated, violaceous brownish polygonal papules distributed symmetrically on both flexural aspects of the wrists and similar flat topped plaques on the medial aspect of both ankles.

CASE REPORT

A 36-year-old Saudi male, with a previous history of lichen planus appearing on the thighs and scalp which was treated by a steroid injection therapy leaving post inflammatory hyperpigmentation, came for a consultation due to the appearance of new multiple slightly pruritic, infiltrated, violaceous brownish polygonal papules distributed symmetrically on both flexural aspects of the wrists, and similar flat topped plaques on the medial aspect of both ankles, for approximately a year. Nails, scalp and oral mucosa was not involved. Patient had a positive

Correspondence: *Dr. Alqarni Ahmad A., Dermatology Department, King Fahad Hospital, Albaha, Saudi Arabia*

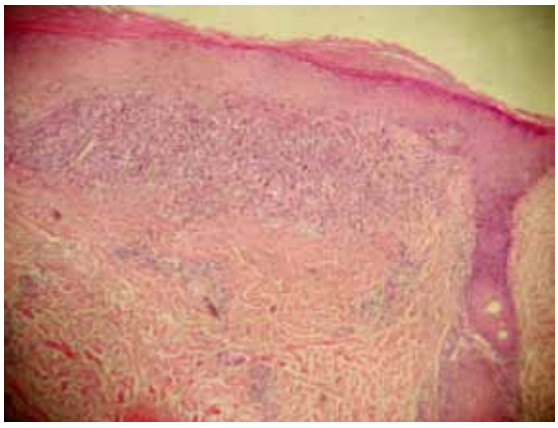

Fig. 2 Hyperkeratosis, wedge-shaped hypergranulosis with lichenoid infiltrate. There is irregular epidermal hyperplasia forming a characteristic saw-tooth appearance.

first degree family history of lichen planus. Blood tests, liver function tests, renal function test, ANA test were all within normal range, screening for hepatitis B and C was negative, urea breathe test showed positive H. pylori infection but the patient was asymptomatic. We performed a skin biopsy, which showed hyperkeratosis, wedge-shaped hypergranulosis with lichenoid infiltrate. There was irregular epidermal hyperplasia forming a characteristic saw-tooth appearance. A diagnosis of typical LP was established, and omeprazole and the antibiotics clarithromycin and amoxicillin as triple therapy with topical corticosteroid (dermovate) therapy was also initiated twice daily. Patient received antibiotics for H pylori with no new lesions appearing and the old lesions cleared with topical corticosteroid (dermovate)

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