CASE REPORT

Lichen sclerosus masquerading as verruca plana

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ABSTRACT

We describe a 14-year-old girl who had a rare variant of lichen sclerosus on the extremities masquerading as verruca plana, which is exceedingly rare.

INTRODUCTION

Lichen sclerosus (LS) is a chronic inflammatory dermatosis of unknown etiology. The classical lesions are white porcelain-like macules or sclerotic papules.[1] LS usually affects the prepubertal girls and postmenopausal women with a predilection to the anogenital area. Extragenital LS lesions have also been described. We describe a rare case of LS of the extremities masquerading as verruca plana, which is exceedingly rare.

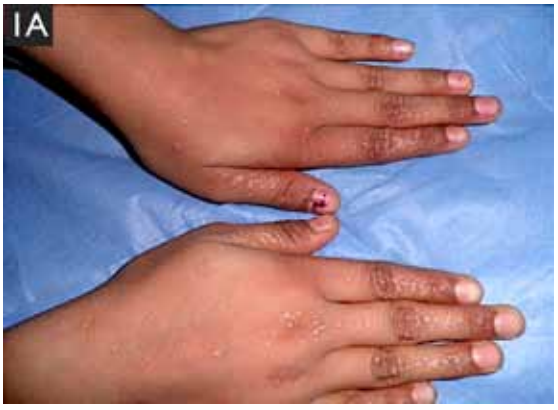

Fig. 1A Shows verrucous lichen sclerosus lesions on the dorsum of the hands.

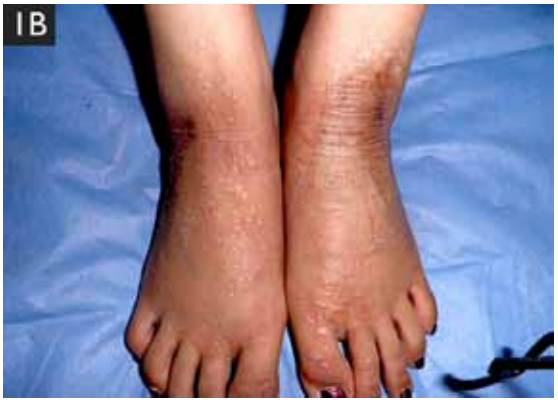

Fig. 1B Shows verrucous lichen sclerosus lesions on the dorsum of the feet.

CASE REPORT

A 14-year-old girl presented with pruritic skin coloured to hypopigmented verrucous papules on her extremities for the last 4 years duration. She did not have any other cutaneous or systemic complaints. Cutaneous examination revealed numerous 1-2 mm skin coloured, verrucous flat-topped papules over the dorsa of hands, forearms, feet and ankles (Figs. 1A & 1B). Few lesions showed central atrophy and koebnerization was evident. A clinical differential of lichen planus, verruca plana or an unusual form of epidermodysplasia verruciformis was considered. Skin biopsy from hand showed an atrophic epidermis, focal basal cell damage and expansion of papillary dermis with thick, sclerotic collagen along with perivascular and interstitial infiltrate of lymphocytes and histiocytes (Fig. 1C). These features were suggestive of lichen sclerosus. After the biopsy report, she was further questioned

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about the involvement of genitalia and found to have ivory white indurated atrophic plaques over genitalia compatible with genital LSA. Perianal examination was normal. With this history, examination, findings and the biopsy features, a final diagnosis of cutaneous LS masquerading verruca plana along with genital LS was made. She was prescribed clobetasol propionate cream (0.05%) for the genitalia and tacrolimus ointment (0.1%) for the lesions on the extremities.

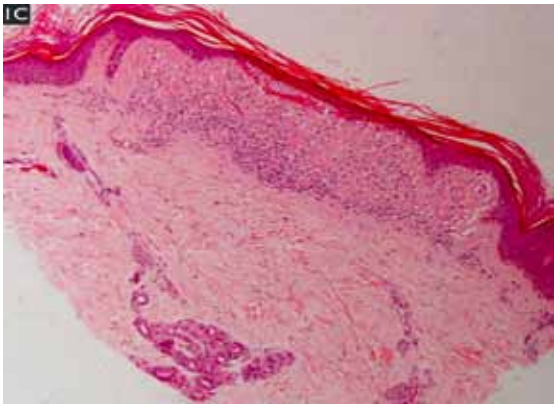

Fig. 1C Photomicrograph showing an atrophic epidermis, focal basal cell damage, and expansion of papillary dermis with thick, sclerotic collagen along with perivascular and interstitial infiltrate of lymphocytes and histiocytes (H&E X 200).

DISCUSSION

Lichen sclerosus (LS) is a chronic inflammatory skin disease with unknown etiology. It is mostly seen in pre-pubertal girls and post-menopausal women. Lesions usually occur on the genitalia; however, involvement of the glabrous skin especially the abdomen, upper back and extremities may also be seen. Genital lesions are usually symptomatic in the form of pain, itching, dysuria. In the later stages, scarring may occur which may distort the normal genital anatomy. Extragenital lesions are not symptomatic. Cutaneous lesions may occur alone or in association with genital LS in 15-20% of the cases.[2]

The characteristic skin lesions are small ivory white polygonal papules or macules which may coalesce to form larger plaques with atrophy and wrinkling. The skin lesions may reveal the dilated follicular openings with plugging which is the hallmark of cutaneous LS. The unusual morphological variants include segmental, pigmented, bullous, erythematous, hyperkeratotic and lichen planus like lesions.[3-7] Sometimes purpura and telangiectasia may also be seen. Cutaneous LS may also be seen in surgical scars, vaccination sites and areas of trauma or friction which may possibly explain the Koebner's phenomenon. The present case had numerous tiny papules on the extremities masquerading as verruca plana, which is very rare. These lesions were symptomatic in contrast to the classical extracutaneous lesions.

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