



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

LICHEN PLANUS PIGMENTOSUS FOLLOWING ASSUMPTION OF METHADONE AND AN HOMEOPATHIC REMEDY: CASE SERIES AND REVIEW OF THE LITERATURE

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Background: Lichen planus pigmentosus is a rare entity belonging to the group of lichenoid dermatitis characterized by asymptomatic or mildly pruritic hyperchromic macules, millimeters to centimeters in diameter, with well-delimited edges. From an pathological point of view, it exhibits a marked pigmentary incontinence and the presence of melanophages on the superficial dermis, with minor or absent hyperkeratosis and hypergranulosis. The cause of lichen planus pigmentosus is unknown. The pathogenesis appears to be related to a T lymphocyte-mediated, cytotoxic activity against basal keratinocytes. The majority of cases are considered idiopathic, although various factors such as hepatitis C virus infection, gold therapy, amla oil, hair dyer, mustard oil containing allyl thiocyanate, Indian Kum Kum and traditional Chinese Guasha have been considered in the literature as etiologic or triggering factors in lichen planus pigmentosus.

Observation: We hereby report the case of 2 women who presented with a clinical and histological picture of lichen planus pigmentosus after initiation of methadone and an homeopathic remedy respectively. We applied the Naranjo algorithm to assess whether the skin symptoms were actually due to the substances rather than the result of other factors.

Key message: In our opinion the substances were the most likely causative agent in both cases because the lesions began after the initiation of methadone and an homeopathic remedy treatment and resolved shortly after its termination. The lesions improved with time and no new lesions had developed during the follow-up. The clinical and the pathological findings were consistent with the diagnosis of lichen planus pigmentosus. To our knowledge, this is the first report about the development of lichen planus pigmentosus after the assumption of methadone or homeopathic remedies. It is very important to distinguish between idiopathic and substances-related lichen planus pigmentosus, and a careful anamnesis is key to individuate a potential inciting agent.

