

CONTACT DERMATITIS AND OCCUPATIONAL DERMATOSES

## A CASE OF LICHEN PLANUS PIGMENTOSUS CAUSED BY MERCURY ALLERGY

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Background: Side effects of materials used to restore teeth are frequently reported. Most of cases involve local allergy reactions of the buccal mucosa. Few cases describing skinlesions caused by amalgam were reported.

Observation: A 10-year-old male was referred to our department of dermatology for an acute generalized non itchy rash during the last 2 months. Examination revealed multiple, flat, violaceous macules over the whole body. A clinical diagnosis of lichen planus pigmentosus (LPP) was confirmed by histopathology examination. Further exploration of his history revealed that he had dental amalgamfillings done in his second left lower molar two months before the appearance of the lesions. However, his oral mucosa incontact with the dental fillings was normal. A mercury-induced rash was suspected. Patch testing was performed by the use of Finn Chambers® on Scanpor® tape with a dental series. Reactions were evaluated on 48 hours (H) and 72H according to ICDRG criteria. The results showed sensitization to mercury (+/++). The removal of amalgam filling led to clinical improvement within a month.

Key message: Our observation is noteworthy as it illustrates a case of LPP caused by mercury allergy. The diagnosis was based on theresults of biopsy, a positive patchtest for mercury and the fact that thelesions disappearedafter amalgam removal. Clinically, mercury has been reported to induce a variety of dermatoses. Most of them were about both cutaneous and mucosal lesions in the same patient. Only three cases of linear LP on the lower extremities without mucosalinvolvementwere described. To the best of our knowledge, no case of LPP mercury-induced has been described. Thus, our case suggests that LPP can be induced by metal allergy. The identification of this allergy can improve the management of this disease whose treatment is often disappointing.





