



DERMOSCOPY AND SKIN IMAGING

lichen planus VARIANTS: CAN DERMOSCOPY BE HELPFUL?

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Introduction: The dermoscopic features of common inflammatory dermatoses, such as lichen planus (LP), are not well studied.

Objective: Our aim was to describe the dermoscopic features of some variants of LP.

Materials and methods: We analyzed the dermoscopic features, using a Dino-Lite DermaScope®, of 11 LP lesions from 9 patients who had been clinically and histopathologically diagnosed with LP.

Results: The mean age of our patients was 38 years old. Out of 11 lesions 4 were classical LP (CLP), 5 were LP pigmentosus (LPP) (1 with mucosal involvement), 1 Hypertrophic LP (HLP), and 1 drug-induced generalized LP (DILP). Dermoscopic signs of CLP include Wickham striae (WS) found in 3 patients (linear in 2 patients, reticular in 1 patient) and absent in treated lesions from 1 patient. Vascular structures (especially red dots, linear vascular pattern) were present on a pink background in all patients. One patient had plantar CLP, with thick linear and yellow WS. Reticular pigment patterns were observed on a brown background in all LPP lesions with yellow dots in one case, while WS and vascular patterns were absent. In patient with mucosal involvement of the lip, dermoscopy revealed pigment pattern with radial streaming WS. Dermoscopy of HLP lesion demonstrated pearly white area (WS) with comedo-like openings on a pink background and some red dots. Finally, DILP was characterized dermoscopically with white WS and red dots on a pink background. Vascular pattern consists on diffuse red dots, without pigment pattern. Scales were found in 45% of all lesions.

Conclusion: In this study, we emphasize the role of dermoscopy to identify several LP variants. Although WS are considered pathognomonic of LP, they could be missing especially in treated LP or in particular forms. Scales, an uncommon dermoscopic feature of LP, were frequent in our patients.

