



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

AN UPDATED REVIEW OF SYSTEMIC THERAPIES FOR THE TREATMENT OF CUTANEOUS LICHEN PLANUS

Y Thandar⁽¹⁾ - R Maharajh⁽¹⁾ - F Haffeejee⁽¹⁾ - A Mosam⁽²⁾

*Durban University Of Technology, Basic Medical Sciences, Durban, South Africa⁽¹⁾ -
University Of Kwazulu-natal & Nelson R Mandela School Of Medicine, Dermatology,
Durban, South Africa⁽²⁾*

Introduction: Lichen planus, a chronic, inflammatory disease most commonly affects the skin and oral mucosa. Numerous drugs used for cutaneous lichen planus (CLP) have largely been based on clinical experience and recurrence is common. The lack of evidence from existing drugs and the advent of newer drugs, makes it difficult for clinicians to make informed decisions.

Objective: Previously published reviews have varied in their inclusion and exclusion criteria hence a consolidated review of all studies for CLP does not exist. The aim of this review was to assess all systemic treatments for CLP, so that the best treatment option can be identified in a clinical onset.

Materials and Methods: We searched Cochrane Library, Google Scholar, Medline, PubMed, EBSCOhost and ScienceDirect until January 2018 using varying search terms. All English studies, regardless of design, investigating the outcome of systemic treatment for CLP were included. Literature disregarded by previous reviews but adhering to the inclusion criteria and new drugs are consolidated.

Results: Amongst the vast array of studies, evidence was found in only a few well designed RCTs. From others, evidence was extrapolated and graded from non-RCTs, open trials, case series and case reports. We have taken into consideration a combination of factors including relapse rates, cost-effectiveness, patient tolerability and satisfaction when proposing recommendations.

Conclusion: Mini pulse therapy with corticosteroids should be considered over moderate daily dosing, with retinoids being an alternative option. Low dose methotrexate is considered effective and safe provided it is regularly monitored. Azathioprine, cyclosporine and mycophenolate mofetil require larger more defined RCTs in resistant CLP. Low-molecular-weight heparins may be considered in patients with no response to first-line treatment. Biologics are potentially promising but there is a need for RCTs with a





considerable duration to determine their long-term safety profiles. Evidence with various other drugs are also reported on.

