



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

CLASSIC ADULT TYPE OF LICHEN RUBER PILARIS

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Actuality Lichen ruber pilaris – rare chronic papulosquamous disease with red-orange erythemasquamous plaques, palmoplantar keratoderma and keratotic conic follicular papules with corneal spikes, positive “grater” symptom. Currently systemic retinoids are used as a frontline treatment. The goal of the work is to describe a presentation of a patient with lichen ruber pilaris, classic adult type.

Materials and methods: Patient S, 82 years old, applied for consultation about rash on the trunk skin with strong pruritus. Due to anamnesis morbi: 6 months duration of the rash, no family cases of skin pathology.

Objective: Red-orange plaques conjugated with each other, rounded islets of healthy skin until 1 cm in diameter; conic caroty perifollicular papules with corneal spikes and ceraceous palmar keratoderma. “Grater” symptom was positive.

In histologic specimen in epidermis: alternation of nidal parakeratosis and lamellar orthokeratosis, nidal hypergranulosis, irregular acanthosis. In dermis: superficial perivascular and perifollicular lymphoid infiltrates with some additive of histiocytes and few plasmocytes. In hair follicle thrix is displaced because of follicular lamellar hyperkeratosis, which combined orthokeratosis and nidal parakeratoses alterations. According to the anamnesis, the clinical and the histologic picture a Lichen ruber pilaris, classic adult type was diagnosed. Due to generality of skin process and weight (97,4 kg) Neotigazon was ordered 50 mg once a day. During treatment clinical improvement of skin process came in 2 months, so there was a possibility to cut the dose to 25 mg. Currently on the face and palms skin there were no marks of disease. On the body skin rash was kept partially. The patient tolerated treatment.

Conclusions Administration of Neotigazon allows to get regress of rash

