

INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

SAFETY AND EFFICACY PROFILE OF SYSTEMIC STEROIDS PLUS ISOTRETINOIN VERSUS SYSTEMIC STEROIDS ALONE IN TREATMENT OF CUTANEOUS LICHEN PLANUS – A HOSPITAL BASED, DOUBLE BLIND, RANDOMISED CONTROLLED TRIAL

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Introduction: Although a wide range of therapeutic modalities have been tried in management of lichen planus no single modality has emerged as the standard of care.

Material & methods: 62 patients of cutaneous Lichen Planus were randomly divided into two groups A and B of 31 each. Due to lack of any existing scoring system to assess the severity of cutaneous lichen planus, a new scoring system (LPSI- Lichen Planus Severity Index) was designed & established based on calculations of body surface area (BSA) involved and morphology of lichen planus lesions. LPSI, BSA, VAS(VisualAnalogScale), PGA(PhysicianGlobalAssessment) were used for monitoring response to therapy upto 8 weeks and thereafter monthly follow-up was done to find duration of remission.

Results: The LPSI system was validated and was proven reliable on large scale assessments (Cronbach alpha- 0.96; Interclass coefficient – 0.96). Mean LPSI for group A and B was 18.38 and 14.81 respectively at baseline. This difference was not significant (P value – 0.167) which reduced to 3.74 (79.52% improvement) and 7.03 (52.53% improvement) respectively at end of 8 weeks (P value – 0.012). This difference was significant thus proving combination of steroid and Isotretinoin to be more efficacious than systemic steroid monotherapy.

Conclusion: Efficacy of combination therapy is more than steroid monotherapy in the treatment of cutaneous lichen planus. Combination therapy is cost effective and achieves a longer duration of remission. Also, both the drugs are used at lower doses, thus, minimising side effects.