



PAEDIATRIC DERMATOLOGY

## SKIN ERUPTION ON SUN-EXPOSED AREAS IN CHILDREN : THINK ABOUT ACTINIC LICHEN PLANUS

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**Background:** Actinic lichen planus (ALP) is a photoinduced lichenoid eruption that affects mainly children and young adults living in tropical countries. It's a rare condition with about 87 case reports between 1962 and 2013. We report a new pediatric case.

**Observation:** A 7 years old girl, without medical history or notion of consanguinity, presented a mildly pruritic eruption on sun exposed areas appeared 2 months before in summer. Medical examination found annular plaques with an atrophic hyperpigmented centre and a hypopigmented, elevated, well-defined and slightly desquamative border located on the face with erythematous papules and plaques, some of them had lichenoid aspect located on the dorsal aspect of the hands and feet, extensors forearms and legs. There were no lesions affecting covered areas, oral mucosa, hair or nails. There was no history of a preceding skin inflammation and no medication or photosensitizing substances were taken. Laboratory investigations including routine blood tests, antinuclear antibodies, anti-DNA, C3, C4 and CH50 were within normal limits. The histopathological examination was superimposable to lichen planus. Lesions showed a good response to photoprotection and mild potency topical corticosteroids.

**Key message:** ALP, formerly known as lichen planus tropical or subtropical, lichenoid melanodermitis or summertime acitinic lichenoid eruption represents an unusual cause of photodermatosis. Indeed, a review of literature made by Collgrove and al had found only 87 cases between 1962 and 2013. Although it is not clear, it is possible that UV triggers the lesions in genetically predisposed people. ALP should be suspected when lesions appear in sun-exposed areas and laboratory tests rule out other causes of photodermatosis. Histopathology of lichen planus will confirm the diagnosis. Phototests may also help to confirm photosensitivity, although they are negative in most cases. Sun avoidance and corticosteroids are the mainstay of treatment.

