

If It's Purple and Perplexing, It Must Be ...

A 54-year-old man self-refers to dermatology for evaluation of a very itchy rash that manifested abruptly about three weeks ago. He says there is “no apparent reason” for it, although he acknowledges that he has been “really stressed” lately.

He has several other health problems, most of which are musculoskeletal (including back pain and recent shoulder surgery). He has not been out of the country, has no pets, and lives alone. He denies ever having hepatitis C.

The rash is confined to his low back, running from about T-6 to just above the sacrum. It is composed of discrete, purplish brown, planar papules ranging from 2 mm to just over a centimeter. The lesions—which number about 50—are mostly polygonal (angled margins, not round or oval) and barely (if at all) palpable. The surfaces of most lesions have a shiny, frosted appearance.

The patient's nails appear normal. There are no other areas of involvement (eg, elbows, knees, scalp, genitals, or oral mucosae).

A shave biopsy is performed on one lesion. The results show obliteration of the dermoepidermal junction by a lymphocytic infiltrate, resulting in an irregular sawtooth pattern.

Given these findings, the most likely diagnosis is

- a) Psoriasis
- b) Lichen planus
- c) Warts
- d) Herpes zoster



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ANSWER

The correct answer is lichen planus (choice “b”).

DISCUSSION

Lichen planus (LP) is a benign inflammatory condition of unknown origin—though it is now generally accepted to be an autoimmune process.

It can manifest in many different forms, but this case is fairly typical. Other commonly affected locations are the extensor legs and volar wrists. LP can also develop in the scalp (where it is termed *lichen plano-*

pilaris) or on the genitals, groin, and even fingernails (with dystrophy and onycholysis, among other changes).

The clinical appearance—purplish papules and plaques—is a major clue to be sought on examination. Beyond that, the diagnosis of LP (or at least consideration of the diagnosis) is as easy as ... the nine Ps:

- Papular
- Planar (flat topped)
- Pruritic
- Purple
- Polygonal
- Plaque-like
- Penile (especially around the corona)
- Puzzling
- Per ora (ie, “by mouth,” since LP appears regularly in the oral mucosae as a lacy white, reticulated coating that usually burns).

In my experience, puzzling is probably

the most useful of the Ps. It’s amazing how often it bails me out when I see an odd rash that is not immediately identifiable. This effectively triggers the “puzzling” switch, putting me on the trail of possible LP. Then I look for the other Ps, as well as for typical distributive patterns, which often brings it all together.

When in doubt, order or perform a biopsy (deep shave or punch) and advise the pathologist of your differential so he/she can look for specific findings that support or rule out the diagnosis. The biopsy results in this case were among several changes consistent with LP (all suggestive of an autoimmune basis).

In terms of treatment, a Class II steroid cream or ointment usually settles it down, though occasionally oral steroids are required. Stress seems to be a trigger in some cases.

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