

# Patient Information for Lichen planus in Infant/Neonate/Child/Adult

## Overview

Lichen planus (LP) is a disease of the skin and, less often, the scalp, fingernails, toenails, and/or inside the mouth or genitalia (mucous membranes). Lichen planus can resolve on its own without treatment or be chronic, even with aggressive treatment. The cause of the inflammation that leads to lichen planus is unknown.

## Who's At Risk

People of all ages, of all races, and of both sexes can have lichen planus. However, it is rarely seen in young children and older adults, most commonly occurring in people aged 30-60.

Although the cause of lichen planus is unknown, some people with the condition also have hepatitis C, an infection of the liver.

People who take certain medications may develop a rash that looks like lichen planus (drug-induced lichen planus). These medications include:

- High blood pressure (hypertension) medicines, including diuretics, ACE inhibitors, and calcium channel blockers
- Diabetes medications, including the sulfonylureas
- Ibuprofen or naproxen
- Antimalarial medications
- Gold
- Penicillamine
- Ketoconazole

## Signs & Symptoms

The most common locations for lichen planus include:

- Inner wrists
- Forearms
- Inner ankles

- Lower legs
- Neck
- Trunk
- Inside the mouth
- Fingernails and toenails
- Scalp
- Genitals

Individual lesions of lichen planus on the skin appear as small (1-5 mm), flat-topped, red-to-purple bumps. As lichen planus progresses, the surfaces of these bumps can become dry and scaly and can develop wispy, gray-to-white streaks (Wickham's striae). Lichen planus on the skin is usually itchy.

New lesions of lichen planus can be caused by injury (trauma). This so-called Koebner phenomenon may appear as a line of flat-topped, red-to-purple bumps on the skin.

Once they heal, lichen planus lesions often leave behind patches of darker (hyperpigmented) skin, which are more pronounced in darker-skinned people and which may take months to return to their normal color.

In the mouth, lichen planus appears as white, net-like patches, most often seen on the inner cheeks. This oral lichen planus does not usually cause symptoms, though severe outbreaks may develop painful sores and ulcers in the mouth.

When lichen planus involves one or more fingernails or toenails, it can appear as thickening, splitting, ridges, or grooves. In severe outbreaks, the entire nail may be destroyed.

On the scalp, lichen planus (called lichen planopilaris) may cause redness, irritation, and, in some cases, permanent hair loss.

On the penis, lichen planus appears similar to lesions on other areas of the skin. In the vulva or vagina, lichen planus may appear as bright red patches or sores. Genital lichen planus does not usually cause symptoms, but open sores may be quite tender.

## **Self-Care Guidelines**

- Apply over-the-counter hydrocortisone cream to help relieve itching in mild lichen planus.
- If you have lichen planus in the mouth, avoid drinking alcohol and using tobacco products. In severe outbreaks of oral lichen planus, there is a very small chance of

developing oral cancer, so you should see your dentist twice a year to check for oral cancer.

## **When to Seek Medical Care**

If you develop an itchy, bumpy rash, see a dermatologist or another physician for evaluation.

## **Treatments Your Physician May Prescribe**

If lichen planus is suspected, your doctor may want to perform a skin biopsy. The procedure involves:

1. Numbing the skin with an injectable anesthetic.
2. Sampling a small piece of skin by using a flexible razor blade, a scalpel, or a tiny cookie cutter (called a "punch biopsy"). If a punch biopsy is taken, a stitch (suture) or 2 may be placed and will need to be removed 6-14 days later.
3. Having the skin sample examined under the microscope by a specially trained physician (dermatopathologist).

In addition, your doctor may recommend one of the following treatments:

- Topical corticosteroid (cortisone) cream, lotion, ointment, or gel
- Topical tacrolimus or pimecrolimus
- Anti-itch lotions containing menthol, pramoxine, or phenol
- Corticosteroid (cortisone) injected directly into a thick lesion
- Oral antihistamine pills such as diphenhydramine, loratadine, cetirizine, fexofenadine, desloratadine, or hydroxyzine for itching

In addition, your doctor may suggest one of the following treatments for oral lichen planus:

- Topical corticosteroid (cortisone) ointment or gel
- Topical cyclosporine solution used as a mouthwash

For very severe cases of lichen planus, one of the following therapies may be recommended:

- Ultraviolet light treatment
- Oral retinoid pills such as isotretinoin or acitretin

- Oral cyclosporine pills
- Oral hydroxychloroquine pills

Although there is no cure for lichen planus, treatment can usually minimize symptoms and improve the appearance of the rash until it heals.