

Cancer Association of South Africa (CANSA)



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Fact Sheet on Lichen Planus

Introduction

Lichen planus (LP) is a disease of the skin and/or mucous membranes that resembles lichen.

A lichen is a composite organism that emerges from algae or cyanobacteria (or both) living among filaments of a fungus in a mutually beneficial (symbiotic) relationship. The whole combined life form has properties that are very different from properties of its component organisms.



[Picture Credit: Lichen Planus]

The cause of lichen planus (LP) is unknown, but it is thought to be the result of an autoimmune process with an unknown initial trigger. There is currently no specific cure, but many different medications and procedures have been used to control the symptoms. (Wikipedia).

Lichen Planus (LP)

Lichen planus is a chronic recurrent rash that is due to inflammation. The rash is characterised by small, flat-topped, many-sided (polygonal) bumps that can grow together into rough, scaly plaques on the skin. There may also be a rash in the lining (mucous membranes) of the mouth or vagina.

Lichen planus is a very curious and poorly understood skin condition. Its name is descriptive in that to some it resembles a simple plant, a lichen, that grows on rocks and tree bark, while '*planus*' is Latin for flat. (MedicineNet).

Incidence of Lichen Planus (LP) in South Africa

Because Lichen Planus is not a type of cancer, there is no information regarding this condition in the National Cancer Registry of 2008.

Causes of Lichen Planus (LP)

The cause of lichen planus is unknown, though strong evidence suggests that inflammation, controlled by the immune system, gives rise to the lesions. However, certain diseases, medical conditions or other factors may act as triggers of lichen planus in some people.

The possible triggers of lichen planus include:

- Hepatitis C infection
- Hepatitis B vaccine
- Influenza vaccine
- Certain pigments, chemicals and metals
- Nonsteroidal anti-inflammatory drugs, such as ibuprofen (Advil, Motrin IB, others) and naproxen (Aleve, others)
- Certain medications for heart disease, high blood pressure or arthritis

(Mayo Clinic).

Complications of Lichen Planus (LP)

Erosive lichen planus is a long-lasting (chronic) form of lichen planus that causes painful ulcers to develop, as well as burning and discomfort in the genital areas of both male and females.

Occasionally, in around 2% of cases, long-term cases of erosive lichen planus can develop into certain types of cancer, such as:

- Cancer of the mouth
- Cancer of the vulva
- Cancer of the penis

(Mayo Clinic).

Persons at Risk of Lichen Planus (LP)

Lichen planus can occur in anyone at any age, but there are certain factors that make some people more likely to develop the condition. The skin form of lichen planus occurs in men and women equally, but women are twice as likely to get the oral form. It is very rare in young and elderly people, and most common in middle-aged people.

Other risk factors include having other family members with lichen planus, having a viral disease like hepatitis C, or being exposed to certain chemicals that may act as allergens. These could be antibiotics, arsenic, gold, iodide compounds, diuretics, and certain kinds of dyes.

(Healthline).

Signs and Symptoms of Lichen Planus (LP)

The signs and symptoms of lichen planus depend on where it appears on the body.

Skin - On the skin, lichen planus often causes bumps that are shiny, firm, and reddish purple. Sometimes the bumps have tiny white lines running through them. These lines are called Wickham's striae.

Most people get a few bumps. Some people get many bumps, which can appear on different parts of the body. The most common places for these bumps to appear are the wrists, lower back, and ankles, but they can appear anywhere on the skin, including the genitals. On the legs, the bumps tend to be darker.

New bumps may appear as older bumps clear.

When lichen planus develops on the skin, a person can have the following:

- Thick patches of rough, scaly skin. If bumps continue to appear in the same place, thick patches of rough, scaly skin can form. These patches develop with time and are most common on the shins and around the ankles.
- Itch. Sometimes the bumps and patches itch. The thick patches are most likely to itch.
- Blisters. These are rare.
- Pain, especially on the genitals. The skin can be bright red and raw. Open sores can appear. These can make sex painful or impossible.

Mouth (oral lichen planus) - When lichen planus appears inside the mouth, it most commonly occurs on the insides of the cheeks. It also can appear on the tongue, lips, and gums. Inside your mouth, you may have:

- Patches of tiny white dots and lines that can look like lace.
- Redness and swelling.
- Peeling on the gums.
- Painful sores (can hurt or burn).



[Picture Credit: Oral Lichen Planus]

Nails - When lichen planus appears on the nails, it often appears on just a few nails. Sometimes it appears on all of the nails on a hand or foot. One may see:

- Ridges or grooves on the nails.
- Splitting or thinning.
- Loss of nails (can be temporary or permanent).



[Picture Credit: Lichen Planus of the Nails]

Scalp (lichen planopilaris) - It is rare, but this disease can develop on the scalp. If it does, the person may have the following on his/her scalp:

[Picture Credit: Lichen Planus of the Scalp]

- Redness and irritation.
- Tiny bumps.
- Thinning hair or patches of hair loss.
- Scars which appear slowly (American Academy of Dermatology).



Treatment of Lichen Planus (LP)

Most of the time, the bumps go away without any treatment after about a year. However, treatment can make the skin look better.

The goal of treatment is to reduce your symptoms and speed healing of the skin lesions. If symptoms are mild, no treatment may be needed.

There is no known cure for skin lichen planus, but treatment is often effective in relieving itching and improving the appearance of the rash until it goes away. Lichen planus of the scalp must be treated right away, or the hair of the affected area may never grow back.

Since every case of lichen planus is different, no one treatment does the job. Topical corticosteroids are very useful. You can use a corticosteroid ointment or cream that you apply directly to the bumps. Corticosteroids may be injected directly into a lesion. In the mouth, steroid pastes or inhalant powders may be easier to apply to affected sites. Hydrocortisone foam can be used inside the vagina. Antihistamines may be prescribed to relieve itching. Extensive cases may require the use of oral corticosteroid for a few weeks or longer. This usually shortens the duration of the outbreak, but may have serious side effects. Ultraviolet light therapy (also called PUVA) may be beneficial in some cases. The so-called immune modulating drugs, tacrolimus ointment and pimecrolimus cream, may be useful for oral and genital lichen planus. Other treatment options include topical or oral retinoid (a form of vitamin A), long term antibiotics, oral antifungal agents, phototherapy, methotrexate, and hydroxychloroquine. (American Skin Association).

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