Efficiency of intralesional therapy in a rare case of Lichen Ruber planus hypertrophicus

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Introduction:

Lichen Ruber planus hypertrophicus is a rare and complicated disease. It is an autoimmune disorder, which has a tendency to combine with general immunosuppression.

Aims and objectives

The aim of this case is to show efficacy of intralesional injections in treating Lichen Ruber Planus Hypertriphicus.

Patient was female, 26 years old, presented with a one year old primar lesion on left ankle. Patient complained about itch, and esthetically unpleasant view. Patient was examinated, local examination showed papular, dense, lightly erythematos lesions with white scales.

Patient have had not any chronic disease. Immunological examination and consultation of immunologist was performed, but no pathological changes from immunological condition was detected. Biopsy of the skin was performed, histological diagnosis was Lichen Ruber planus hypertrophic (Fig. 1-3).

As initiating treatment local corticosteroids have been prescribed, but patient did not response to local therapy.

After topical medication intralesional injections with Triamcinolone acetonide 40 mg/ml was prescribed once in every two weeks for 6 weeks. After first injection patient noticed reduction in intensity of itch. Local status after intralesional injections was significantly improved, with reduction or erythema and size of the lesion (Fig. 4-6).

Conclusions.

Intralesional injections is an effective way to reduce symptoms of Lichen Ruber planus hypertrophicus, as well as to achieve reduction of local lesions and improvement of local status.

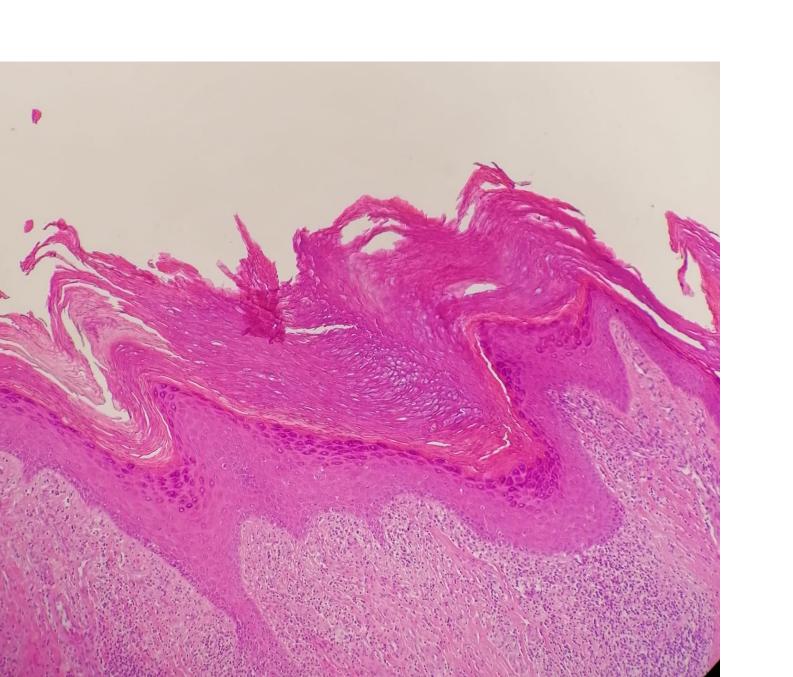


Fig. 1 Papilomatosis, epidermal hyperkeratosis, parakeratosis, hypergranulosis, acanthosis, in upper layers of dermis lymphocytic infiltration

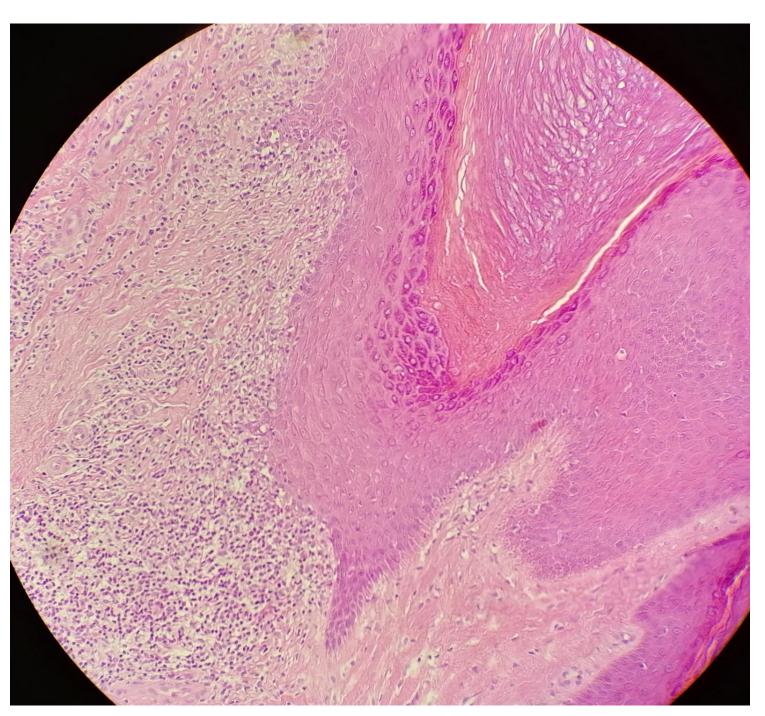


Fig. 2. Epidermal acanthosis



Fig. 4. Examination during first appointment



Fig. 5. Lesions before first injection

Key words

Lichen Ruber Planus Hipertrophicus; Intralesional injections; Triamcinolone acetonide



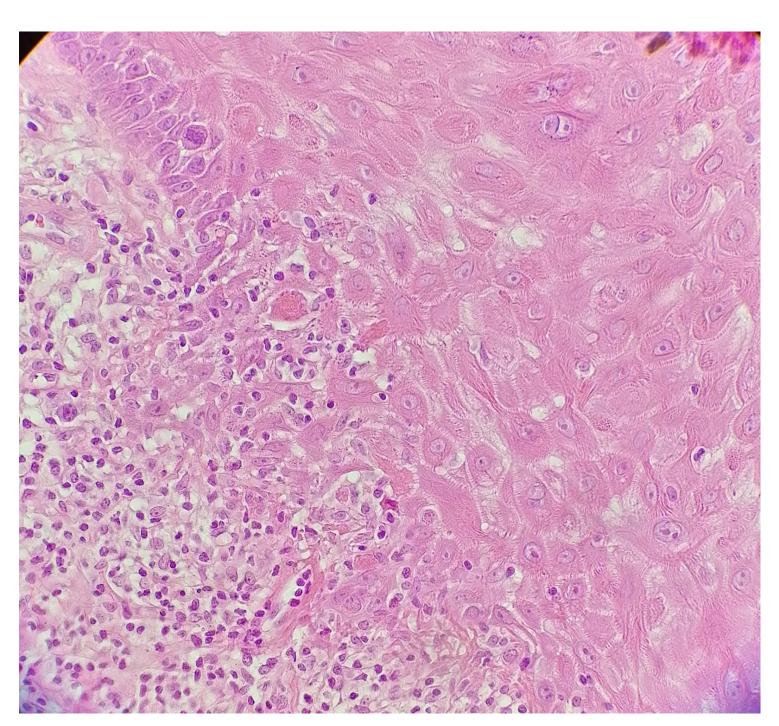


Fig. 3. Basal layer of epidermis vacuolar dystrophy, mitosis, Civatte bodies, exocitosis



Fig. 6. Lesions after course of intralesional injections (6 weeks after)