

# Hypertrophic lichen planus on the face

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Sir,

A 45-year-old man presented with a six-year-history of multiple itchy lesions on his face. The man was otherwise in a good health. Dermatological examination revealed purplish hyperkeratotic plaques with atrophic center, on the face involving the external auditory canal of the left ear (Fig. 1). We noted different age lesions (Fig. 2). There was no mucosal involvement. The rest of examination was normal. The histological examination of skin biopsy revealed a thin acanthotic epidermis with orthohyperkeratosis wedge-shaped hypergranulosis with few necrotic keratinocytes. Dermis has a lichenoid inflammatory infiltrate. We noted lymphocytes exocytosis in the basal layers of the epidermis. The dermis has elastosis lesions (Fig. 3). Direct immunofluorescence study was negative. The diagnosis of hypertrophic lichen planus on the face, involving the external auditory canal, was established. The patient was treated by high-potency corticosteroids resulting in a rapid clinical improvement.

Hypertrophic lichen planus (HLP) is a rare subtype of lichen planus (LP) that typically affects middle-aged adults of both genders, mostly those with darker skinned [1-3]. It is characterized by hyperkeratotic itchy papules and plaques, involving commonly the extremities, especially the anterior legs, also the upper extremities and trunk [2,3]. Welsh et al described « igneous rock sign » as characteristic clinical sign of HLP as its resemblance to the extrusive forms of igneous rock [3]. In our case, the patient had HLP on his face including the external auditory canal. This location, to the best of our knowledge, has never



**Figure 1:** Purplish hyperkeratotic plaques on the external auditory canal of the left ear.



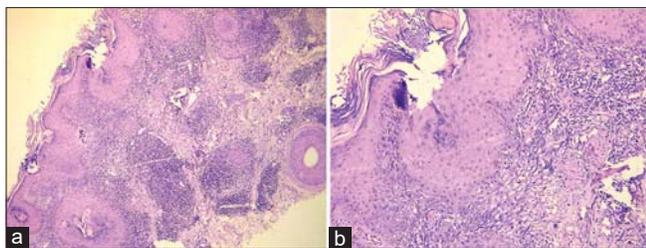
**Figure 2:** Multiple different age lesions with hyperkeratotic purplish plaque on the face.

been described before. LP of the external auditory is a rare clinical presentation with only around twenty

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**Figure 3:** (a) A thin acanthotic epidermis with orthohyperkeratosis wedge-shaped hypergranulosis with inflammatory infiltrate in dermis (Hematoxylin eosin  $\times$  100); (b) A lichenoid inflammatory infiltrate, in dermis, with lymphocytes exocytosis in the basal layers of the epidermis and elastosis lesions (Hematoxylin eosin  $\times$  400)

cases [4,5]. Moreover, HLP of the external auditory canal has been described in only one case without face involvement [4]. The clinical presentation of our patient can simulate other diseases such as verrucous lupus erythematosus [6]. So, a careful examination of the skin including nails, oral cavity and scalp should be performed in order to identify other suggestive clinical lesions of LP. The histopathological examination is the cornerstone of diagnosis showing typical aspects of HLP. In our case, we note the presence of a slight degree of solar elastosis that may suggest the sunlight as a precipitating factor of HLP. Treatment options for HLP are similar to those of classic LP [7]. High-potency corticosteroids are considered a first-line therapy with excellent results as the case of our patient. Phototherapy and topical or systemic immunomodulators, such as cyclosporine-analogues and retinoid [7].

## CONSENT

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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