

A case of lichen pigmentosus and oral lichen in an HIV positive patient

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HIV infection is frequently associated with a spectrum of dermatological manifestations, such as psoriasis, seborrheic dermatitis, Kaposi sarcoma, dermatophytosis, herpes simplex, which often manifest with greater severity and atypical features compared to those seen in non-HIV-infected individuals [1].

Lichen is known to be associated with viral infections such as hepatitis B and C, but its association with HIV is rarely reported.

A 45 -year-old woman HIV-positive for one year presented with hyperpigmented lesions on the face with cheilitis that had been evolving for 3 months.

Physical examination revealed multiple hyperpigmented macules and papules on an erythematous background on the face and examination of the buccal mucosa revealed erosive cheilitis surmounted by a few hemorrhagic crusts, hair, nail and genital mucosa were not involved (Fig. 1).

Laboratory investigations revealed leukopenia and neutropenia, with a negative antinuclear antibody test. Serological tests for syphilis and hepatitis were also negative. The patient tested positive for HIV1 with a CD4 count of 979 cells/mL³.

A skin biopsy showed findings of orthokeratotic hyperkeratosis, mild acanthosis, with basal layer degeneration, bandlike infiltrate with lymphohistiocytes along the dermoepidermal junction showing pigment incontinence, and focal disruption of dermal collagen. Direct



Figure 1: Multiples hyperpigmented macules and papules with hemorrhagic erosive cheilitis.

immunofluorescence analysis of the lesions revealed deposits of IgM and C3.

Lichen planus pigmentosus (LPP) is a rare variant of the lichen planus (LP) dermatosis. It is characterized by the development of acquired, dark brown to grayish macules and patches, typically located on sun-exposed areas, and flexural regions. Associations have been reported with hepatitis C virus infection, sun exposure, and contact with certain substances such as nickel [1,2]. However, there are a few case reports of LP, especially a pigmentosus form, occurring as an associated feature of HIV infection.

Various morphological variants of lichen planus (LP), such as oral, linear, and hypertrophic forms, have been documented in association with HIV.

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The buccal mucosa was frequently affected, and the reticulate type of LP was the most prevalent.

In the reported studies, nearly half of the LP patients had a CD4 count below 250 cells/mm³, and most individuals were managed conservatively with topical steroids and antihistamines [3].

In conclusion, cutaneous lesions in HIV infected patients should not be ignored. The appearance of LP such as lesion in HIV patients is rare occurrence, the exact association between these two diseases needs detailed study.

Consent

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

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