‘Zosteriform’ Lichen planus: Is It Zosteriform?

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Key Words

Lichen planus, linear
Blaschko's lines
Zosteriform pattern
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I read with interest the article by Fink-Puches et al. [1] on an unusual case of linear lichen planus showing a strikingly unilateral and systematized arrangement. They interpret the ‘zosteriform’ pattern as a cutaneous reaction possibly triggered by some neural factor, and they discuss several hypothetical pathomechanisms such as a Köbner phenomenon after herpes zoster infection, a viscerocutaneous reflex or a radicular irritation caused by a disorder of the vertebral column. However, following Alfred Blaschko's line of thought we should recognize a clear-cut difference between a zosteriform distribution and the usual arrangement of linear skin lesions [2]. When studying the case reports on linear or zosteriform lichen planus reported in the literature, I have come to the conclusion that in virtually all of these cases the lesions were arranged in a pattern following the lines of Blaschko [3-10]. Foreexample, a characteristic S-figure on the antero-lateral aspect of the abdomen has been documented [8-10]. Notwithstanding, some exceptional cases of true zosteriform lichen planus

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may exist [11]. They can be best explained as a Köbner phenomenon induced by herpes zoster occurring in a patient prone to lichen planus.

The case observed by Fink-Puches et al. [1] does not show any zosteriform arrangement but clearly shows a distribution following Blaschko's lines. Why, then, should we assume a relationship with the nervous system? At the beginning of this century, Alfred Blaschko (1858-1922) has argued in the introduction of his well-known atlas that there is no such relationship with regard to his ‘nevus lines’. Now, at the end of this century, we know that Alfred Blaschko was right with this concept [12].

As a historical note, I should like to comment on the misleading title of Blaschko's atlas The nerve distribution in the skin in relation to the diseases of the skin [2]. The author's son Hermann Blaschko (1900-1993) told me that this title was not chosen by his father himself but that he had been compelled, as a speaker at the 7th Congress of the German Dermatological Society held in Breslau in 1901, to accept this title because the inviting prominent dermatologists erroneously believed that linear skin lesions after all should have a relationship with the nervous system.

In conclusion, articles on zosteriform lichen planus should be read rather carefully and critically. In most of these cases, the arrangement is not zosteriform but follows the lines of Blaschko.

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- Langerhans Cell Histiocytosis over Dilated Skin Vessels
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Key Words

Langerhans cell histiocytosis · Portal hypertension
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Cutaneous lesions of Langerhans cell histiocytosis (LCH) in the adult are characterized by clinical polymorphism and usually present as scaly or crusted papules, sometimes yellow-brown and resembling seborrhea. The eruption commonly involves the scalp, axillae and chest. Other locations, such as the inguinal and retroauricular regions, face, neck and limbs, have been observed [1]. We describe the case of

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Fig. 1. Brownish papular LCH lesions (arrows) strictly overlying the por-tosystemic collateral vessels on the abdominal wall.

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