Case Report

Dermatology 1995;191:350-351

Lichen planus of the Eyelids

P.H.		Itin
S.A.		Buechner
Th.		Rufli

Department of Dermatology, University of Basel, Switzerland

Key Words

Lichen planus
Eyelids
Differential diagnosis

Abstract

Ocular involvement of lichen planus (Lp) is a rare event. Only 10 cases with Lp of the eyelids have been reported in the literature. Ocular Lp may also affect mucosal surfaces of the eye and lead to cicatrizing conjunctivitis. Lp of the eyelids may appear as isolated lesions and in those cases diagnosis is very difficult. Lp should be considered in the differential diagnosis of all erythematous and papular eruptions of the eyelids together with lupus erythematosus, psoriasis vulgaris or contact dermatitis.

Theo Rufli, Dermatologische Poliklinik, Petersgraben 4, CH-4031 Basel (Switzerland)

Ocular involvement of lichen planus (Lp) is a rare event. In their series of 307 patients, Altman and Perry [1] documented only 2 cases with eyelid lesions. Vogel and James [2] found but 9 cases with Lp of the eyelids in their extensive review of the literature and they added a further patient. Ocular Lp may also affect mucosal surfaces of the eye and lead to cicatrizing

conjunctivitis responsive to topical cyclosporine eyedrops [3]. Lp of the eyelids may appear as isolated lesions and in those cases diagnosis is very difficult. Sometimes the isolated lesions are followed by a typical rash of Lp in other parts of the body as observed in our case.

Fig. 1. Typical Lp on the eyelids.

Case Report

An otherwise healthy 47-year-old patient had a 2-month history of isolated redness and slight desquamation on both eyelids. Thereafter, a generalized pruritic rash appeared with its main localization on the trunk and arms. Physical examination revealed numerous violaceous and angulated flat-topped papules distributed on the shoulders, arms, axillae and back. The oral mucosa and the genital area were unaffected. On both upper eyelids scaly papules with whitish striae were

present (fig. 1). No conjunctival lesion was apparent. A biopsy specimen of an axillary lesion revealed the typical features of Lp. Complete blood count and chemistry panel including liver parameters were all normal. The patient was treated with oral etretinate, 25 mg daily, and the lesions on the eyelids disappeared completely within 6 weeks. The remainder of the Lp lesions showed marked improvement, but some active lesions were still visible.

Discussion

Lp is a relatively common papulosqua-mous disorder [4]. Predilection sites are the flexor surfaces, the trunk and oral or genital mucosa. However, Lp of the eyelids is a rare event (table 1). Altman and Perry [1] documented only 2 cases with eyelid lesions out of 307 patients. Vogel and James [2] found 9 cases with Lp of the eyelids in their review of the literature and they added a further patient.

© 1995 S.Karger AC, Basel 1018-8665/95/1914-0350

\$ 8.00/0

Table 1. Well-documented cases of Lp on the eyelids

Authors

Age, years

Sex

Localization of lesions

m

f

f

f

f

f

m

f

m

initially restricted to eyelids, later also on penis

restricted to eyelids

restricted to eyelids

eyelids, neck, shoulder

right thigh, right eyelid, later on left eyelid

wrists, trunk, ankles, buccal mucosa, conjunctiva
right eyelid, conjunctiva
eyelids, left hand, later disseminated lesions including oral mucosa
initially isolated on eyelids, later trunk, arms and oral mucosa

Ocular Lp may affect the mucosa of the eye and lead to cicatrizing conjunctivitis [3]. Lp of the eyelids may occur as isolated lesions and in those cases diagnosis is very difficult. Sometimes the isolated lesions are followed by a typical rash of Lp in other parts of the body. A historical review reveals that in 1937 Touraine and Renault [7] described a 32-year-old female with Lp of the eyelids. Luhr [6] reported a male patient with Lp involving the conjunctiva and eyelid. In the newer liter-

ature a case of a woman with ocular Lp was observed by Camisa and Meisler [8] and an additional male patient was reported by Vogel and James [2]. The largest series of patients with Lp of the eyelids was documented by Michelson and Laymon [5]. These authors reported on 5 patients with Lp of the eyelids. Interestingly, all their patients were women. In their series they described three types of lesions on the eyelids: (1) typical lilac papules with whitish striae and associa-

tion with similar lesions in other parts of the body, (2) annular papules often associated with similar lesions on the remainder of the body and (3) isolated Lp on the eyelids with features of erythema ab igne.

Lp should be considered in the differential diagnosis of all erythematous and papular eruptions of the eyelids together with lupus erythematosus, psoriasis vulgaris or contact dermatitis.

References

Altman J, Perry HO: The variations and course of lichen planus. *Arch Dermatol* 1961;84: 179-191.

Vogel PS, James WD: Lichen planus of the eyelid: An unusual clinical presentation. *J Am Acad Dermatol* 1992;27:638-639.

Neumann R, Dutt CJ, Foster CS: Immunohisto-pathologic features and therapy of conjunctival lichen planus. *Am J Ophthalmol* 1993; 115: 494-500.

Boyd AS, Neldner KH: Lichen planus. *J Am Acad Dermatol* 1991;25:593-619. Michelson HE, Laymon CW: Lichen planus of the eyelids. *Arch Dermatol* 1938;37:27-29.

Luhr AF: Lichen plan of the conjunctiva. *Am J Ophthalmol* 1924;7:456-457. ‘ Touraine A, Renault P: Lichen plan circiné des paupières. *Bull Soc Dermatol Syphiligr* 1937; 44:303-305.

Camisa C, Meisler DM: Immunobullous diseases with ocular involvement. *Dermatol Clin* 1993;10:555-570.