Lichen planus and Virus C Hepatitis: Disappearance of the Lichen under Interferon Alfa Therapy

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Numerous authors have reported on the relationships between lichen and hepatic diseases, such as primary biliary cirrhosis, alcoholic cirrhosis or virus B hepatitis [1]. To our knowledge, however, since the advent of the everyday practice of virus C serology, no work has been devoted to this possible association, other than one recent observation [2].

We have recently seen 2 cases with such an association; the treatment of the hepatitis with interferon alfa coincided with the total and prolonged disappearance of the lichen planus, which was generalized in one case and buccal in the other.

Report of Two Cases

A 40-year-old man presented a generalized and highly pruritic lichen planus that appeared within a few days in December 1989. The diagnosis was confirmed by biopsy. Liver function tests showed: aspartate amino-transferase 108 U/l (normal 7[^]10), alanine aminotransferase 44 U/l (normal 5-50) and γ -glutamyltransferase 182 U/l (normal < 30). Anti-hepatitis antibodies (Elisa Abbot and RIBA 2-Chiron) were evidenced. Serologic tests for anti-HIV-1 and -2 antibodies were negative. A liver biopsy revealed chronic hepatitis (Knodell score of 8). In 1984 the patient had suffered a severe traffic accident with multiple fractures requiring blood transfusions. A series of 4 sessions of PUVA therapy was performed associated with local cortico-steroids. with only a very slight improvement of the lesions.

A treatment with interferon alfa (Roferon®) was then undertaken, at a dose of 3 million units, 3 times a week, for 6 months. Tolerance was good, but the hepatopathy improved only slightly. However, the lichen planus lesions disappeared completely even though the patient had not followed any local treatment. Nine months after the end of the interferon treatment, there was no sign of recurrence.

A 42-year-old man had hepatic cytolysis in 1981, with an absence of the virus A and B markers. A buccal lichen involving the tongue and inner aspects of the cheeks appeared in March 1989, little influenced by local treatment. In 1991, the cytolysis was still present (aspartate aminotransferase 111 U/l, alanine aminotransferase 57 U/l, γ -glutamyl-transferase 20 U/l). Anti-hepatitis-C antibodies were then evidenced (Elisa-RIBA 1). A liver biopsy revealed an active

chronic hepatitis (Knodell score of 9). Treatment with interferon alfa (Roferon) was prescribed at a dose of 6 million units 3 times a week for 3 months, and then 3 million units 3 times a week for the following 3 months. Tolerance was good, and the hepatic status returned to normal. The end of the interferon treatment was accompanied by a slight rise in transaminases. During the treatment, there was a progressive improvement of the lichen that finally disappeared completely. No recurrence has been noted over the follow-up period of 5 months.

Discussion

In our two observations, the presence of anti-hepatitis-C-virus antibodies was evidenced by Elisa and RIBA. Treatment with interferon alfa was proposed to these patients, given its proven, albeit often transitory efficacy in virus B hepatitis [3]. Concomitantly with this treatment the lichen lesions disappeared, without the combination of any other local or general therapies, the recovery lasting for several months after the end of the interferon treatment.

We simply draw attention to these facts, without of course drawing any conclusion. The efficacy of therapies is always difficult to appreciate in cases of lichen planus, the evolution of which is known to be totally unforeseeable, with occasional cures even in the absence of any treatment. It should, however, be noted that we have found in the literature a single observation recording the appearance of a cutaneous and buccal lichen planus in the 6th week of treatment by interferon alfa for a myeloma [4].

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