



LICHEN PLANUS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about lichen planus. It tells you what it is, what can be done about it, and where you can find out more about it.

What is lichen planus?

Lichen planus is a fairly common (1-2% of the population worldwide), itchy, non-infectious type of rash that usually occurs in adults over the age of 40 years old. Doctors use the word *lichen* to mean small bumps on the skin. *Planus* means *flat* and tells us that the small itchy bumps that make up the rash of lichen planus have shiny flat tops.

What causes lichen planus?

The cause of lichen planus is still not known, but it is likely to have something to do with the body's defences (the immune system). Rashes that look like lichen planus, known as *lichenoid drug eruptions*, are sometimes a reaction to taking medicines such as gold (used for arthritis) or anti-malarial tablets. Lichen planus is not contagious.

Is lichen planus hereditary?

No, it is not hereditary; however, because it is a common condition sometimes you find few members of the same family can give history of having it either in the past or at the same time.

What are the symptoms of lichen planus?

Lichen planus on the skin is usually itchy. Sometimes it appears without itching and leaves a pigmented mark.

What does lichen planus look like?

The rash is made up of shiny, slightly raised purple-red spots (papules), usually measuring 3-5mm in diameter. A close look is needed to see the irregular white streaks that lie on the flat surface of some of them. The papules arise most often on the fronts of the wrists, around the ankles and on the lower back, but can spread more widely. In addition, lichen planus sometimes comes up in lines where the skin has been scratched or cut (this is called Koebner's response).

Other types of lichen planus include:

- a thickened ('hypertrophic') lichen planus, which tends to affect the shins.
- a ring-shaped ('annular') lichen planus, which tends to affect the creases such as the armpits.
- It can affect the scalp where it can cause hair loss, and can cause either permanent or temporary damage to the nails (e.g. thinning and grooving of the nail plate).
- Lichen planus is also common in the mouth and is present in about 30-70% of those who have it on their skin (see Patient Information Leaflet on [Oral Lichen Planus](#)).
- Lichen planus can affect the penis in men, causing purple-coloured or white ring-shaped patches. Unlike other patches of lichen planus, these often do not itch.
- Lichen planus can affect the genital area in women too, but this is less common.
- In some patients oval greyish brown marks appear on the face and neck or trunk and limbs without an inflammatory phase. This is called Lichen planus pigmentosa.
- Bullous lichen planus is rare; blisters appear within lichen planus papules or by themselves, generally on the lower legs.

In most patients lichen planus will heal within 18 months, and not return, although some patients may have a second episode many years later. Unfortunately some types of lichen planus, such as oral, hair or nail involvement, can last for many years. Even after the active lichen planus has cleared up, pigmented stains in the skin may persist for a long time, particularly in Asian or Afro-Caribbean skin.

How will lichen planus be diagnosed?

The diagnosis of lichen planus is usually easy, and can be made by your medical advisor examining the rash. Confusion may arise, however, with flat warts, with some types of eczema, and with rashes due to some drugs. If there is real doubt, the diagnosis can be confirmed by looking under the microscope at a small sample of skin (a biopsy specimen) removed after a local anaesthetic injection.

Can lichen planus be cured?

No, treatment controls the condition but does not cure it. However, lichen planus usually resolves by itself.

How can lichen planus be treated?

Mild cases of lichen planus need no treatment.

Moderate cases of lichen planus on the skin. These lesions are usually treated with steroid creams. Lichen planus can be very itchy so the steroid creams used are often potent; it is important to use them as directed by your medical advisor. As lichen planus gets better, it changes from red to purple spots, and then to greyish or brown coloured spots. Treating the brown spots with steroids will not make them go away any faster and will raise the risk of side effects such as thinning of the skin. The potent creams should only be used for the red or purple itchy spots, and then stopped as they go brown. Non steroid creams such as tacrolimus ointment and pimecrolimus cream can be helpful and your doctor will advise you if these can be used.

Severe cases of lichen planus. If your lichen planus is severe, your doctor may suggest treatment with steroid tablets, ciclosporin capsules, or a tablet known as [acitretin](#). These treatments will suppress but do not cure lichen planus, and can have important side effects and interactions with other medicines. They will not be prescribed unless your rash is very severe. A special type of ultraviolet light treatment may help widespread lichen planus.

Lichen planus in the mouth (see Patient Information Leaflet on [Oral Lichen Planus](#))

Lichen planus of the hair or nails. If lichen planus is affecting your hair or nails, the damage can be permanent. This is sometimes an indication for treatment with the tablets mentioned above.

Self care (What can I do?)

You should be careful not to injure your skin as this can make new spots of lichen planus appear there.

Where can I get more information about lichen planus?

Web links to detailed leaflets:

www.dermnetnz.org/dna.lichen.planus/info.html

www.emedicine.com/derm/topic233.htm

Links to patient support groups:

UK Lichen Planus

Web: www.uklp.org.uk

Where can I get information about lichen planus in the mouth?

Web links to detailed leaflets:

www.bad.org.uk/site/1291/default.aspx

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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