Linear lichen planus in children - Case report
Líquen plano linear na infância - Relato de caso

Marci Raquel Horowitz1
Manuela Oliveira Resende1
Silvana Maria de Morais Cavalcanti2
Marcela de Lima Vidal1
Márcia Almeida Galvão Teixeira2
Eliane Ruth Barbosa de Alencar3

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(Figures 3 and 4). Treatment was initiated with topical steroids, to which there was a good response, with persistent residual hyperchromic stains (Figure 5).

**Figure 1**: Violaceous papules with hyperkeratotic surface, distributed along Blascko lines on the abdominal region

**Figure 2**: Violaceous papules with hyperkeratotic surface, distributed along Blascko lines on right thigh

**Figure 3**: Vacuolar and lichenoides interface dermatitis with pigmentary incontinence, compatible with lichen planus. Arrows: basal layer colliquation (green), melanophages (orange), hyperkeratosis (red), wedge hypergranulosis (blue)

**Figure 4**: Strip inflammatory infiltrate (circle), pigmentary incontinence (arrow)
DISCUSSION

Lichen planus is an inflammatory dermatosis characterized by violaceous, scaly, polygonal papules involving the flexor aspects of the wrists, lower limbs, and the genital and oral mucosas. Lesions generally clear up within a few months to years, leaving areas of hyperpigmentation. It is believed that the pathogenesis is mediated by autoimmune T cells in response to viral agents, medication, allergens and even neoplasias.4,5

In a series of 87 pediatric patients with lichen planus, the classic form was most common, observed in 53 (60.9%) patients, followed by lichen planus actinicus in 10 (11.5%) patients, and both hypertrophic lichen planus and linear lichen planus, in 8 (9.2%) patients.6

When cutaneous lesions are formed, they may either be randomly distributed or follow patterns established during embryonic development.7 As a result of cutaneous mosaicism, individuals may have distinct cell populations and are more prone to developing a dermatosis. Linear lichen planus is an example of this phenomenon.

Although lichen planus may occur in a linear pattern simply due to the Koebner phenomenon, the true linear form is more extensive and follows the lines of Blaschko, which are patterns of embryonic development. The lines of Blaschko were first described in 1901 and are based on the distribution of congenital and acquired dermatoses observed on the skin. Lesions that follow the lines of Blaschko characteristically present S-shaped lines on the abdomen, V-shaped lines along the posterior midline, linear patterns on the lower trunk and limbs and snake-like patterns on the scalp and face.8

In histopathological examinations, linear lichen planus is identical to lichen planus, compact orthokeratosis, wedge-shaped hypergranulosis, irregular acanthosis with a sawtooth appearance, vacuolar alteration of the basal cells and band-like dermal lymphocytic infiltrate in close proximity to the epidermis.9

The differential diagnosis for linear lichen planus is dermatoses, which are also distributed along the lines of Blaschko, especially lichen striatus, inflammatory linear verrucous epidermal nevus (ILVEN), linear psoriasis, Blaschkitis and linear Darier-White disease, all of which present histopathological differences (Chart 1).

One of the main differential diagnoses of this case report is ILVEN, due to the similarity of age group and clinical characteristics of the lesions. ILVEN is a linear pruriginous dermatosis, which consists of verrucous or hyperkeratotic papules that, unlike linear lichen planus, are generally present at birth or appear during childhood and do not regress spontaneously. ILVEN is histologically similar to epidermal nevi with a lichenoid infiltrate.8

Blaschkitis is the acquired linear dermatosis most frequently encountered in adults. Clinically, it is similar to linear lichen planus but occurs in bouts and histological findings present spongiotic dermatites.10

It is important to emphasize the rarity of the case presented in this report, since lichen planus represents an uncommon dermatosis in children, apart from which, linear presentation occurs in a minority of cases, with very few reports in the literature of unilateral multiple lesions.
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MAILING ADDRESS:
Marcia Raquel Horowitz
Rua Arnóbio Marques, 310 - Santo Amaro
50100-130 - Recife – PE
Brazil
E-mail: marciawitz@gmail.com

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