

A CLINICAL & EPIDEMIOLOGICAL PROFILE OF LICHEN PLANUS AMONG CHILDREN

T. S. Mohan Rao¹, P. Guru Prasad², P. V. Krishnarao³, Shravya⁴, T. Priyadarshini⁵, Sravanthi⁶, Swapna⁷, Divya⁸

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ABSTRACT: Lichen planus (LP) is a common papulosquamous disorder of auto-immune Etiology characterised by pruritic, polygonal, purple, papules which was first described by Erasmus Wilson in 1869. LP affects all age groups and both sexes equally. Most cases have been reported in adult population but a few case series were present among children. This prompted us to carry-out the present study. **MATERIALS & METHODS:** The present study was carried out for a period of 1 year from April 2014 to April 2015 which includes a sample size of 20 patients (n=20), attended to the dermatology OPD, Andhra Medical College, Visakhapatnam. Present study was done in children of less than 12 years of age including both sexes. Routine investigations such as hemogram, liver function test, and renal function test & serological test have been done, detailed immunisation history has been recorded, detailed medical & family history as well as drug history has been recorded. **RESULTS:** in our study the most common age group was in between 5 and 10 years. Among sex distribution male children were predominantly affected. Regarding the distribution of lesions lower limbs followed by trunk were the common sites to be effected, the most common morphological variants observed in our study were classical type followed by hypertrophic variant. **CONCLUSION:** our study concluded that the common age group was between 5 and 10 years and the most common presentation was classical type effecting the male children predominantly.

KEYWORDS: lichen planus, children, Classical type.

INTRODUCTION: Lichen planus was a common auto-immune, papulo-squamous dermatosis of unknown etiology. LP was first described by Erasmus Wilson in 1869 which was characterised by purple flat topped, polygonal, pruritic papular eruption affecting skin, mucous-membranes, nails & hair.⁽¹⁾

Lichen planus in children is considered to be rare overall, though it does not appear to be so in Indian subcontinent. Most of the last studies on lichen planus in children have been undertaken in India.⁽²⁾

The supposed rarity of childhood lichen planus could be due to the fact that its associations with auto-immune conditions, exposure to drugs & dental restorative materials, infective agents (HBV,HCV,HHV-7) & other environmental triggers that are uncommon in children.⁽¹⁾

Mean age of onset of lichen planus has been 7-8 years. Males were found to be more commonly affected.⁽¹⁾

Although lichen planus is usually sporadic, there is a familial form of lichen planus comprising 1-2% of all childhood cases of lichen planus.⁽³⁾ Familial LP differs from classical form clinically, with earlier age at onset, more generalised involvement, more common mucosal involvement. There is an increased tendency for erosive & ulcerative forms with prolonged course & frequent relapse.⁽⁴⁾

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MATERIALS & METHODS: The present Study was carried out for a period of 1 year from April 2014 to April 2015. Present study includes a sample size of 20 patients (N=20), attended to the OPD of dermatology department, Andhra Medical College, Visakhapatnam. Present study was done in children of less than 12 years including both sexes. Routine investigations such as hemogram, liver function test, and renal function test & serological test have been done. & a detailed immunisation history has been recorded. & a detailed medical, family history as well as drug history has been recorded.

RESULTS: In the present study the most common age group affected was 6-10 years of age accounting for 50% of cases. In the Present study LP was more common in male children (60%).

Lower limbs (80%) were the commonest sites to be involved followed by trunk (60%). Classical type (80%) was most common followed by hypertrophic variant (10%).

DISCUSSION:

- LP is considered to be rare in children.⁽⁵⁾
- In our study the common age was between 5- 10 years which was in concurrence with a prior study done by handa & sahuo.⁽⁶⁾
- Previous study done by kanwar et al.,⁽¹⁾ reported male preponderance which was in concordance with the present study where males accounting for 60%.
- Classical lichen planus was the most common variant observed in most of the reports which was in concurrence with our study.^(1,6,7)
- Lichen planus hypertrophicus was the second most common variant having an incidence of 12% has been reported, and in our study an incidence of LP hypertrophicus was 10%.^(1,7)
- A familial incidence of 15% was reported in our study in contrast to 1-2% observed by samman et al & altmann et al.^(3,8)
- Most common site of involvement observed in various studies,^(1,6,7) were lower limbs followed by trunk which were in concurrence with our observation
- Nail involvement is rare in children and an incidence of 1-10% was observed in adults. Different studies showed an incidence of 0-8.7%.^(1,6,9) In our study nail involvement was not observed as described in the literature.
- Rarely scalp involvement was reported in children. In our study 1 case (5%) was reported which was in concurrence with the observation of kanwar et al.,⁽¹⁾ which showed an incidence of 5%.
- The special features observed in our study includes non-association with hepatitis-B vaccination.
- Other auto- immune cutaneous disorder such as alopecia areata was observed in 1 case.

CONCLUSION: our study concluded that the common age group was between 5 and 10 years and the characteristic lesions were of classical type, affecting the male children predominantly.

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Age	Number	Percentage
1-5 years	5	25%
6-10 years	10	50%
>10 years	5	25%

Table 1: Age Distribution

Age	Male	Female
1-5 years	2(10%)	3(15%)
6-10 years	5(25%)	5(25%)
>10 years	5(25%)	0(30%)

Table 2: Sex Distribution

Distribution of lesions	Male	Female
Upper limb	6(30%)	2(10%)
Lower limb	11(55%)	5(25%)
Trunk	7(35%)	5(25%)
Scalp	0	2(10%)
Nails	0	0
Mucosa	0	1(5%)

Table 3: Distribution of Lesions

Morphological Variants	Male	Female
Classical	10(50%)	6(30%)
Hypertrophic	2(10%)	0
Mucosal (Reticulate pattern)	0	1(5%)

Table 4: Morphological Variants

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FIGURE 1:
CLASSICAL TYPE



FIGURE 2:
HYPERTROPHIC TYPE

AUTHORS:

1. T. S. Mohan Rao
2. P. Guru Prasad
3. P. V. Krishnarao
4. Shravya
5. T. Priyadarshini
6. Sravanthi
7. Swapna
8. Divya

PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
2. Associate Professor, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
3. Assistant Professor and HOD, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
4. Junior Resident, Department of Dermatology, Andhra Medical College, Vishakhapatnam.

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COMPETING INTERESTS: None

5. Senior Resident, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
6. Senior Resident, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
7. Senior Resident, Department of Dermatology, Andhra Medical College, Vishakhapatnam.
8. Senior Resident, Department of Dermatology, Andhra Medical College, Vishakhapatnam.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. P. Guru Prasad,
Associate Professor,
Department of Dermatology,
Andhra Medical College,
Vishakhapatnam.
E-mail: gppatnala@yahoo.co.in

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