

Chronic case of hypertrophic lichen planus treated successfully with oral acitretin by Dr Rameshwar Gutte

A 48 year old otherwise healthy married male, presented with multiple highly itchy dark raised lesions over bilateral legs since 15 years. (Figure-1) Patient was treated with oral antihistamines and topical moisturizers and topical steroid –salicylic acid ointments and intralesional steroid injections by various dermatologists in past with only temporary relief. Based on history and clinical examination, differential diagnosis of hypertrophic LP and prurigo nodularis was thought.

With informed consent, biopsy was taken from a fresh representative lesion. Biopsy was suggestive of lichen planus. (Figure-2a) (Figure-2b) On clinicopathological correlation a final diagnosis of hypertrophic LP was made. Considering long standing nature of disease and various treatments tried in past patient was explained about acitretin as treatment option and he was started on acitretin 25mg twice daily along with oral hydroxyzine 25mg and topical moisturizer and clobetasol and 6% salicylic acid ointment. He was advised to follow up after 2 weeks with repeat tests for lipid profile and liver profile.

After 2 weeks patient noted around 30-40% improvement in lesions and some became flat. Also itching was reduced. His lipid and liver profile showed no abnormality. Acitretin 25mg bid and antihistamines were continued along with moisturizer for another 2 weeks. Since patient tolerated acitretin well without any major side effects, except for mucosal dryness and slight hair loss, it was continued for another 1 month. At the end of 2 months there was almost 90% improvement with most of the lesions going flat. (Figure-3) We tapered acitretin to 25mg per day, which was continued for another 2 months without any alterations in lipid and liver profile on repeat tests. After total of 4 months acitretin was stopped and moisturizer was continued.



