Original Research Paper

Volume - 14 | Issue - 01 | January - 2024 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Ophthalmology

A RARE CASE OF ISOLATED CONJUNCTIVAL LICHEN PLANUS

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KEYWORDS :

INTRODUCTION

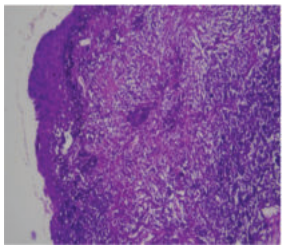
Lichen planus (LP) is an inflammatory disorder of the skin and mucous membranes without any known cause. The disease is histologically, characterized by a lichenoid inflammatory infiltrate and vacuolar degeneration of the basal layer of the epidermis.[1] Cutaneous, mucosal and appendageal LP are the three major subtypes of Lichen planus.

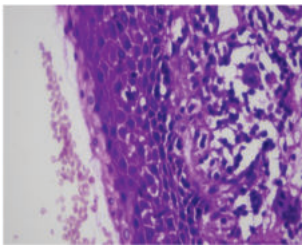
It appears as pruritic, violaceous papules and plaques most commonly found on the wrists, lower back, and ankles. Mucosal surfaces affected include the oral, genital, ocular, otic ,esophageal surfaces, and in rarer instances, the bladder, nasal, laryngeal, and anal surfaces.

Ocular involvement of lichenoid dermatoses, such as lichen planus (LP), lichen planus pigmentosus (LPP), and lichen planopilaris (LPL) is uncommon & usually associated with skin manifestations. Isolated ocular involvement is very rare. [2]

CASE REPORT

A 48-year-old female, who doesn't have any previous eye disease / significant systemic disease presented to us with redness in the conjunctiva near to the limbus in the lateral aspect of right eye . Patient was treated with tobramycin eye drops from the ophthalmologist for 1 month with no improvement. On examination, her best-corrected visual acuity was OD 6/6 and OS 6/6. Intraocular pressure was OD 18 mm Hg & OS 20 mm Hg. On slit lamp microscopy examination revealed inadequate tear film with debris, scar formation of the conjunctiva & bulbar conjunctival hyperemia. Fundus examination was normal. Conjunctival biopsy specimen was harvested for evaluation in which epidermis showed basal vacuolar changes & dermis showed band like lymphocytic infiltration. The biopsy result showed conjunctival lichen planus. No lesions on the skin, oral, or genital mucosa found on systemic examination of the patient. The patient was started on ciclosporin 0.05% eyedrops four times daily on review. The patients' lesions became better & and after 4-5 months follow-up she had not developed any other ocular symptoms.





DISCUSSION

Lichen planus (LP) is a rare inflammatory disorder of the skin and mucous membranes that affects the skin and mucous membranes. Cutaneous LP have an estimated prevalence of approximately 0.2% to 1% of adults worldwide. It usually affects middle-aged adults but there are some reports in the pediatric population. Oral LP is more common and reported in 1% to 4% of the population. Overall, women are more frequently affected than men at a ratio of 1.5:1, and most cases develop between the ages of 30 and 60. Cutaneous LP usually start on the wrists, forearms, and trunk & it presents with skin lesions that are purple, polygonal, pruriginous, and papular .

Generally, the cutaneous form is a self-limiting disease that regresses in 2years. Mucosal LP usually affect most frequently the oral mucosa and tongue, but may occur also in the anus, genitalia, and aerodigestive tract. It is a chronic condition that has no definitive treatment and usually presents as whitish reticular lesions.

Mucosal LP with conjunctival involvement can be a significant cause of morbidity and potential irreversible vision loss.[3] It usually presents as chronic cicatrizing keratoconjunctivitis in association with other mucosal involvement.

Ocular lichen planus (LP) is a rare disease & it has been increasingly reported in the literature in the last two decades. [4] It usually involves conjunctiva, cornea, and lacrimal drainage system. Most reported cases of ocular LP are cicatricial conjunctivitis with subepithelial fibrosis, fornix shortening, and symblepharon formation. Late stage of disease is characterized by corneal opacity, neovascularization, thinning and ulceration. Cases of corneal ulceration also reported . Lacrimal drainage system could also be involved usually in a bilateral bicanalicular pattern with severe punctual/canalicular stenosis.[5]

Isolated conjunctival LP is an extremely rare condition. It refers to LP that has exclusive conjunctival involvement. Only few cases of this condition have been reported in literature. Most of these cases presented with irritative symptoms and cicatrizing conjunctival changes. Majority of the patients received treatment with corticosteroids and cyclosporine, with a favorable result. An increased awareness of this diagnosis to start early anti-inflammatory treatment is needed to avoid irreversible visual loss.

Whether corneal involvement is a primary event or secondary to these changes is a matter of debate. First-line therapy in ocular surface involvement is usually topical cyclosporine and corticosteroid . The treatment regimen in more aggravated disease should be boosted with systemic immunosuppressives. To halt the chronic progression of the disease , after resolving acute inflammation, the patient should be treated with long-term maintenance therapy

CONCLUSION

Although LP is an infrequent conjunctival condition it can present as an isolated conjunctival form without skin or other mucosal involvement. All the patients with cicatrizing conjunctivitis of unknown cause should be studied with conjunctival biopsy with immunofluorescence before starting a specific treatment. An increased awareness with regard to this unlikely diagnosis by ophthalmologists is important to start early anti-inflammatory treatment to avoid irreversible visual loss.

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