



A RARE CASE REPORT ON ROLE OF TOFACITINIB IN TREATMENT OF REFRACTORY HYPERTROPHIC LICHEN PLANUS.

Dermatology

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ABSTRACT

Lichen planus¹ is an Chronic dermatoses with various types of clinical presentations. Hypertrophic² Lichen planus is one type , with severe pruritus³not responding to variety of medications like topical and systemic steroids , immunosuppressive agents. This is a rare case report where refractory Hypertrophic Lichen planus was treated with Tofacitinib with excellent clinical outcome and noticeable improvement in parameters.

KEYWORDS

INTRODUCTION:

Hypertrophic Lichen planus is a severe variant of lichen planus with intractable pruritus and poor response to topical and systemic steroids over long duration of time. Response to immunosuppressive agents is also less satisfactory.

Case Report:

A 50 year old male patient presented at our OPD with a 30 year history of erythematous papules , verrucous plaques located on both extremities. Previous treatments included topical steroids , intralesional and systemic steroids, systemic retinoids , methotrexate, cyclosporine, mycophenolate mofetil , apremilast ,PUVA therapy and UVA 1 and UVB 311 nm. The condition didn't improve much with the above mentioned drugs.

The patient reported high level of impairment of DQLI⁴(Dermatology life quality index) – 23/40 , severe pruritus 10/10 rated on a numerical rating scale. After obtaining informed consent, Tofacitinib 5 mg BD was initiated. The treatment was continued for 5 months, during the course of treatment patient developed upper respiratory tract infection which was treated symptomatically. Drastic improvement was noted in DQLI - 4/30 and pruritus intensity scale.



Figure 1 . Hypertrophic Lichen planus before therapy



Figure 2 . After Therapy with Tofacitinib

DISCUSSION:

Tofacitinib is a JAK 3 (jasus kinase) Inhibitor. It specifically targets JAK1 and JAK3 enzymes interfering with the JAK – STAT⁶ Signalling pathway, which transmits extracellular information into the nucleus of cell thus influencing DNA Transcription. During the course of treatment patient developed upper respiratory tract infection which was treated symptomatically. No abnormalities in blood investigations were noticed during the therapy for 5 months. After achieving control of intense pruritus and skin lesions , drug was withdrawn which maintained remission of the disease. Later the patient lost to follow up during the study.

Limitations Of The Study :

As Tofacitinib is a costlier drug in Indian markets usage of Tofacitinib usage can be a financial burden to Indian patients. Further research studies should highlight the role of JAK inhibitors in management of refractory Hypertrophic Lichen planus cases.

CONCLUSION:

Despite of being costlier drug. It can be useful as a alternative drug in refractory Hypertrophic Lichen planus cases.

I have no conflict of interest.

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