A CLINICAL STUDY OF GENITAL AND EXTRAGENITAL LICHEN SCLEROSUS ET ATROPHICUS

INTRODUCTION

Lichen sclerosus et atrophicus (LSA) is an uncommon chronic inflammatory disease of unknown aetiology with genital and/or extragenital involvement. It predominantly affects the anogenital area with white porcelain-like sclerotic lesions. Extragenital lichen sclerosus is rare, mostly affects the neck and shoulders, axilla, upper arms, wrists and around umbilicus. This present study was conducted to know the various manifestations of genital and extragenital LSA.

METHODS

The study was conducted for a period of 2 years from January 2015 to December 2017. 20 patients who presented with clinical features of LSA attending OPD of our hospital were included in the study and the diagnosis of LSA in all cases was made based on the clinical features and few cases were supplemented with histopathological findings. All the patients were interrogated for a detailed history and a meticulous examination of each case carried out and recorded giving special emphasis to the duration of the disease, age of onset, precipitating factors and any other cutaneous or systemic illness. Apart from routine blood and urine examination, dermoscopy and biopsy was done in 6 out of 8 extragenital LSA cases.

RESULTS

A total of 20 patients who presented with LSA were included. The age group of patients ranged from 8 years to 55 years. Males (60%) were affected more commonly than females (40%), thereby giving a male: female ratio of 1.5:1. 8 out of 20 cases had exclusive extragenital LSA while 12 cases had genital LSA.

In the patients with genital LSA, the lesions were pruritic/burning, white or red with ill defined borders and a patchy appearance predominantly affecting the prepuce and the areas of the glans (figure 1). On the other hand in extragenital LSA, the lesions were asymptomatic, pink to ivory white, predominantly affecting the anogenital area with white porcelain-like sclerotic lesions. Extragenital LSA are usually asymptomatic hence often underestimated.

Koebner phenomenon is a known association with Lichen Sclerosus. Surgical operation, infections, burn scar, injection sites, sexual abuse, tight clothing, and radiotherapy are all causes of koebnerization in LSA. Extragenital lesions can commonly occur in damaged areas and preexisting scars. Boyd and Neldner have classified Lichen Sclerosus et Atrophicus as occasionally occurring and homogenization of dermal collagen.

Histopathology is a reliable way to confirm the diagnosis. All our cases had common findings of epidermal atrophy, follicular plugging and interface dermatitis. Histopathology in early and old cases may considerably vary and late cases may not show all these characteristic findings. Selection of biopsy site is crucial when extensive lesions are seen and multiple biopsies may be taken.
CONCLUSION

We report this study because of the varied manifestations of genital and extragenital LSA and rarity of exclusive extra-genital LSA. 12 out of 20 cases were males which is also uncommon. Koebnerization was seen in all cases of extragenital LSA which is a rare occurrence. LSA should be considered as a differential diagnosis when a patient presents with atrophic depigmented macules with koebnerization. The use of dermoscopy to aid in the diagnosis is essential.

Figure 1 Depigmented macules over the prepuce and glans penis

Figure 2 Depigmentation and sclerosis over the vulva

Figure 3 Depigmented macules and follicular oriented papules were seen over the right shoulder with koebnerization

Figure 4 Linear lesions of LSA suggesting koebnerization

Figure 5 Dermoscopy showing whitish structureless areas (red star) with telangiectasia (yellow circle) of varied lengths and comedo like openings

Figure 6 Epidermal hyperkeratosis, follicular plugging with dense collagenisation in the upper dermis. Basal layer showed vacuolization with inflammatory infiltrate in dermis [H and E, x10]

Figure 7 Histopathology showing follicular plugging and vacuolar degeneration of the basal layer [H and E, x40]

REFERENCES