Itchy violaceous papules

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A man has violaceous pruritic papules. What are these papules and how can they be treated?

Over a six-week period, a 43-year-old man developed widespread itchy papules. These initially appeared over the flexor aspect of his wrists – the individual lesions were elevated and had white keratin plugs (Figure 1). Similar lesions were present over the trunk. Examination of his mucous membranes revealed a patchy, white, lace-like appearance. On skin biopsy, one of the papules showed marked lymphocytic infiltration of the upper dermis associated with damaged basal keratinocytes and vacuolar degeneration at the epidermal junction (Figure 2).

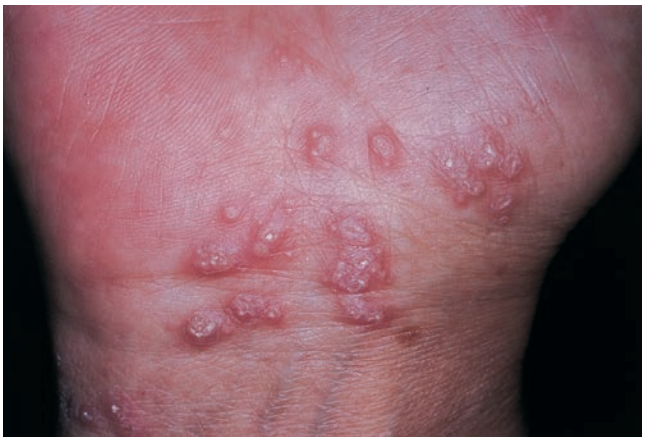

Figure 1. Violaceous papules with keratin plugs over the patient's wrist.

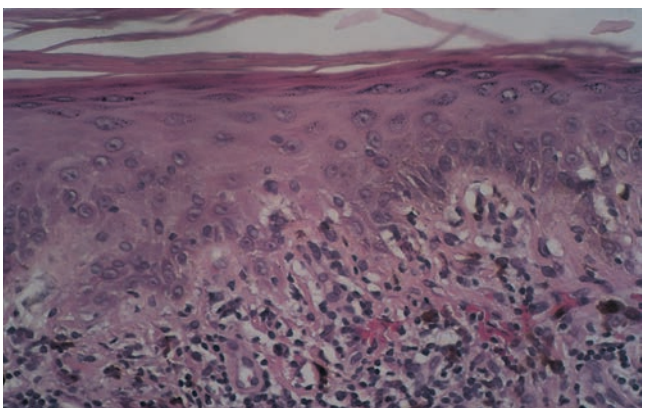

Figure 2. Skin biopsy showing marked lymphocytic inflammation in the upper dermis and vacuolar degeneration of the junction of the epidermis.

Differential diagnosis

The differential diagnosis of this man's itchy papules includes the following lesions.

- **Papular eczema** is associated with a vesicular element and confluent patches. Skin biopsy reveals intraepidermal vesicles with lymphocytes and eosinophils.
- **Papular lichen simplex** (prurigo papules) have a firm central papule or nodule that may have a smooth eroded surface and surrounding rim of hyperpigmentation. Skin biopsy reveals a hyperplastic epidermis with superficial dermal fibrosis, lymphocytes and eosinophils.
- **Papular urticaria** is characterised by urticated papules with a central vesicle that is often excoriated, leaving a raw base. Insect bites are the main cause. Skin biopsy shows superficial and deep perivascular lymphocytic inflammation with eosinophils and a small central focus of epidermal necrosis.
- **Lichen planus** is the correct diagnosis. It is distinguished by the presence of shiny violaceous papules that are intensely pruritic. Keratotic plugs may be seen occluding the follicular and sweat duct orifices. Lace-like mucous membrane lesions, oral ulceration, scarring alopecia, or nail dystrophy leading to nail loss may also be present. An increased association of hepatitis C with lichen planus has been documented.

Treatment

Potent topical corticosteroids may be useful for localised lichen planus. With widespread disease, oral corticosteroids or acitretin (Neotigason) have been used successfully. Topical cyclosporin and more recently topical tacrolimus have been used for erosive mucous membrane lesions.

Keypoint

Lichen planus has a distinctive clinical appearance characterised by violaceous pruritic papules. MT

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