

### **Patient Two Diagnosis and Treatment:**

**The following provisional diagnosis were made:**

- Psoriasis
- Secondary syphilis
- Lichenoid drug eruption
- Discoid lupus erythematosus

To arrive at a definitive diagnosis, a skin biopsy was taken, and the following histopathological findings were noted-

- Hyperkeratosis without parakeratosis
- Saw tooth acanthosis
- Interface dermatitis
- Band shape collection of T cells
- Colloid civatte cytid bodies
- Max Joseph spaces

Diagnosis is consistent with LICHEN PLANUS with cutaneous and oral involvement.

### **Management-**

- Patient was advised to avoid the triggers
- Maintenance of oral hygiene

### **Topical therapy**

- CLOBETASOL PROPIONATE 0.05% applied on the pruritic papules
- Topical LIGNOCAINE (up to 2%) for oral lesions helps in numbing the pain.
- Oral antihistamines alleviate the symptoms of itching.

### **Summary**

A 42-year-old farmer, presenting with multiple pruritic papules was diagnosed with Lichen planus after ruling out the differentials.

The classical 5 P of Lichen Planus were observed-

- Plain topped
- Purple

- Papules
- Pruritus
- Polygonal
- The typical pattern of distribution of the papules associated with itching
- Dorsal pterygium on the nails which is a very specific finding
- Histopathology confirms the diagnosis with unique features specific to LP,
- Orthokeratosis
- Max Joseph space
- Civatte bodies.

Although the condition is well treated with a multidisciplinary approach, including systemic and topical therapy, a long term follow up is necessary.