
Annular Follicular Lichen Planus

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Annular lesions can be found in cases of lichen planus (LP). We present a case with follicular (histopathologic) and annular (clinical) features. To our knowledge, this is the first case of annular follicular LP reported in the literature.

Lichen planus (LP) is a common dermatologic disorder with a typical clinical appearance of multiple papules that are violaceous and polygonal. LP has many clinical variants. Annular lesions can be found in about 10% of LP cases.¹ Some authors have described annular lesions in solitary LP plaques without follicular involvement.² We present a new variant—annular follicular LP.

Case Report

A 31-year-old white woman had several nonpruritic lesions on her chest that appeared 3 years prior. Two years after the initial lesions, identical lesions presented on her head and back. The lesions were occasionally painful. She had not taken any systemic drugs and had not had exposure to color-film developers. Results of a physical examination revealed seven 0.5- to 1-cm papules on the patient's right temple, neck, and sternal area (Figure 1). The papules were scaly, well-defined, and violaceous, with raised outer rims and a clearing in the center. No typical features of LP were present in the oral mucosal surfaces or nails. No Wickham striae were seen. During the next 6 months, the patient complained of outbreaks of similar papules on her arms and trunk. Low-potency steroid cream was initiated that partially improved the lesions but did not make them disappear.

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Figure 1. Annular lesion on the head.



Figure 2. Keratotic follicular involvement and perifollicular inflammatory infiltrate of lymphocytes (H&E, original magnification $\times 100$).

Results of a histopathologic examination showed keratotic follicular involvement, thickening of the granular layer, vacuolization of the basal layer, perifollicular inflammatory infiltrate of the lymphocytes, and numerous colloid bodies (Figure 2).

Comment

This type of LP is characterized by follicular (histopathologic) and annular (clinical) features. Histopathologic findings were the same as that of typical LP but with follicular involvement; clinical findings were similar to annular LP papules. Two important features of these lesions are the long-standing course of therapy, as well as the lack of effi-

cacy of conventional LP treatments. This also is seen in another rare variant of LP called annular atrophic LP.^{3,4} To our knowledge, this is the first case of annular follicular LP reported in the literature.

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