Linear Lichen Planopilaris of the Face Treated with Low-dose Cyclosporin A

Sir,

Lichen planopilaris usually involves the scalp and appears as keratotic follicular papules with an evolving, often scarring, alopecia. At the end stage, this condition cannot be distinguished from other inflammatory disorders that cause destruction of hair follicles and fibrosis. Since about half of patients with lichen planopilaris develop glabrous skin, mucous membranes or nail changes typical of lichen planus, and since the pathological process for lichen planopilaris and lichen planus is similar, lichen planopilaris is interpreted as a follicular variant of lichen planus (1). The various therapeutic options to treat lichen planopilaris are usually unsuccessful. A rare variant of this disease is linear lichen planopilaris of the face and only 4 such cases have been reported to date in Western literature (2–4).

CASE REPORT

A 53-year-old man had a 6-month history of asymptomatic linear erythematous lesions on his left mandibular area. Examination revealed a linear 1.2×10 cm area of violaceous erythema with follicular papules (Fig. 1). No scar was obvious and no other lesions suggesting lichen planus were evident. A biopsy specimen showed dense lympho-histiocytic infiltrates around hair follicles, follicular plugging and degeneration of hair follicles with granulomatous reactions. The interfollicular epidermis also showed hydropic changes of basal cells, but this was not associated with band-like infiltrates of lymphocytes, which are typical of lichen planus. Since this patient had been treated with corticosteroid ointment with no effect and since he complained of cosmetic discomfort, we treated him with cyclosporin A, starting at a dose of 3 mg/kg bodyweight/day. Within 1 month, his lesion had improved significantly and the dose was reduced to 2 mg/kg/day for a second month, then finally adjusted to 1 mg/kg/day for 3 additional months. No adverse reactions were observed during the course of cyclosporin A treatment. No recurrence has been seen in the 4 months since the cessation of cyclosporin A therapy, although a slight pigmentation remains.

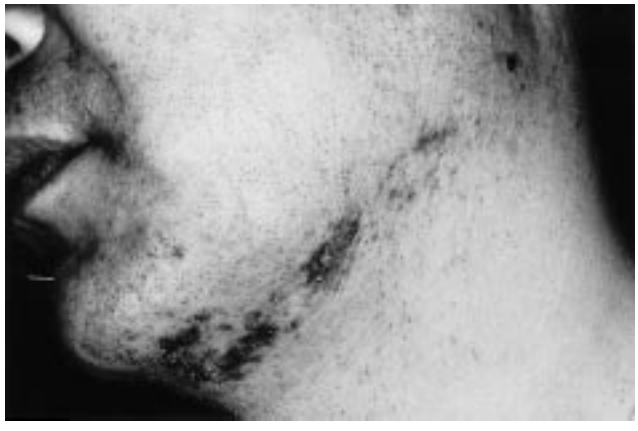

Fig. 1. Linear violaceous erythema with follicular papules of the left mandibular area.

DISCUSSION

There have been 4 patients described previously and all, including the case described here, have been male. The ages of these patients were 47, 46, 52, 44 and 53 years, suggesting that linear lichen planopilaris of the face may be predominant in middle-aged males. In contrast to this, other types of lichen planopilaris preferentially affect female patients (1). Therapies used to treat linear lichen planopilaris of the face have varied. Pullman & Gartmann (2) successfully treated 1 patient with a peeling lotion and another with dermabrasion. In the patient reported by Küster et al. (3), skin lesions improved without therapy. Gerritsen et al. (4) treated their patient with 0.05% tretinoin cream and corticosteroids with little success. Our patient did not respond to corticosteroid ointment, but showed improvement to low-doses of cyclosporin A. Considering the fact that cyclosporin A is effective for severe lichen planus (5), cyclosporin A might be a choice for treating, not only linear lichen planopilaris of the face, but also other types of lichen planopilaris that are refractory to various therapeutic modalities.

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