

LETTERS TO THE EDITOR

Lichen Ruber Planus Following the Administration of Human Anti-hepatitis B Virus Immunoglobulins

Sir,

A 50-year-old nurse was referred to our department because of the onset, about 3 weeks previously, of many small, flat-topped, polygonal, pink, itching papules, many of them forming plaques. The smooth surface of the lesions presented a network of white lines. The wrists, lower back and ankles were mainly affected, but the whole skin was involved too. There were many white streaks on the mucous membranes of the cheeks. The clinical picture was the peculiar one of lichen ruber planus (LRP). One month before the onset of the skin lesions the patient, working at the internal medicine department, had been given anti-hepatitis B virus (HBV) human immunoglobulins after she had accidentally got stung by a used needle.

Upon anamnesis she denied any cutaneous or internal disease. Annual serologic tests for HBV and HCV were always negative and she had never received HBV vaccine. Medical examination was negative for other diseases. Routine laboratory investigations, including liver enzymes and bilirubin, were all normal. She had only a low titre of anti-Hbs antibodies (37 mUI/ml) as the result of the previously administered immunoglobulins. The other HBV markers, anti-HCV antibodies, organ and non-organ-specific autoantibodies were negative. The patient did not consent to a skin biopsy. She was not taking any drugs and had not been exposed to known LRP-inducing chemical substances (1). The relationship between chronic HBV and HCV and LRP is reported in the

literature (2, 3), as are some rare cases of LRP induced by plasma-derived and recombinant HBV vaccines (4, 5). We did not find any cases of LRP following the administration of anti-HBV human immunoglobulins. Our case may support Rebora's hypothesis (5) about the sharing of common epitopes between HBV and the keratinocytes. An immune response against those antigens would clinically develop as LRP.

REFERENCES

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