

Lichen Planus and Crohn's Disease

Sir,

Lichen planus (LP) may occur with ulcerative colitis and hepatitis (2, 3). However, it has not previously been reported in association with the other major inflammatory bowel disease, Crohn's disease. We describe such a patient.

CASE REPORT

A 32-year-old man presented with a 2-year history of intermittent non-bloody diarrhoea. A barium enema was performed, which demonstrated the presence of colonic mucosal ulceration and loss of normal haustral pattern from the transverse colon to the rectum. Histology of multiple colonic mucosal biopsies was diagnostic of Crohn's disease. Haematology and biochemical investigations were normal. Colifoam rapidly produced symptomatic relief.

The patient presented to the dermatology department 1 month later with a 3-month history of a rash affecting his right wrist and both palms. The lesions on the wrist were hypertrophic erythematous plaques with Wickham's striae. There was involvement of the oral cavity, with a lacework of fine white streaks over the buccal mucosa and erosive lesions on the tongue. The clinical diagnosis was one of LP. The rest of the history and examination was unremarkable. Hepatitis serology was negative. The hypertrophic plaques were treated with 0.05% clobetasol propionate and cleared within 1 month.

DISCUSSION

The cutaneous manifestations of disorders associated with Crohn's disease are erythema nodosum, pyoderma gangrenosum, recurrent aphthous stomatitis and glossitis, perineal fistulae and abscesses, Sweet's syndrome, subcorneal pustulap dermatitis, granuloma, epidermolysis acquisita and cutaneous vasculitis.

Ulcerative colitis has also been associated with LP pemphig-

oides (5). Our patient did not display the widespread rash followed by bullae formation which is seen in that condition.

Sulphasalazine and mesalazine, commonly used agents in the treatment of Crohn's disease and ulcerative colitis, have also been linked with the development of LP. The aminosalicylic moiety is thought to be responsible (4). These drugs were not used in our case.

The temporal link between the diagnosis of the predisposing condition and the onset of the skin eruption in our patient is also convincing. Examination of the oral cavity and the skin may therefore give physicians useful diagnostic clues to the aetiology of gastrointestinal symptoms.

REFERENCES

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