

Hypertrophic Lichen Planus Mimicking Squamous Cell Carcinoma of Skin

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A purple pruritic plaque of the right leg developed in a 56-year-old woman with migraine headaches. Similar lesions appeared subsequently on all extremities within 3 months. At presentation, numerous plaques with scales (pictured) were observed overlying both upper and lower extremities and plantar surfaces but without nail bed, mouth, or palmer surface involvement. Laboratory tests revealed normal complete blood cell count, liver function, viral hepatitis and HIV serology, and CD4 count; however, positron emission tomography revealed uptake of fludeoxyglucose F 18 in the subcutaneous lesions. Biopsy results (not pictured) demonstrated lichenoid dermatitis with eosinophils consistent with hypertrophic lichen planus but no evidence of squamous

cell carcinoma. Intralesional injections of triamcinolone acetonide (40 mg on 3 occasions) and oral prednisone therapy (60 mg for 6 weeks) provided clinical resolution.

Hypertrophic lichen planus typically causes pruritic plaques on anterior surfaces of lower extremities, and squamous cell carcinoma originating in these lesions has been reported.¹ Squamous cell carcinoma is manifested by a change of plaque to wart-like growth and requires confirmatory biopsy. (doi:10.7556/jaoa.2014.144)

Reference

1. Manz B, Paasch U, Sticherling M. Squamous cell carcinoma as a complication of long-standing hypertrophic lichen planus. *Int J Dermatol.* 2005;44(9):773-774.

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