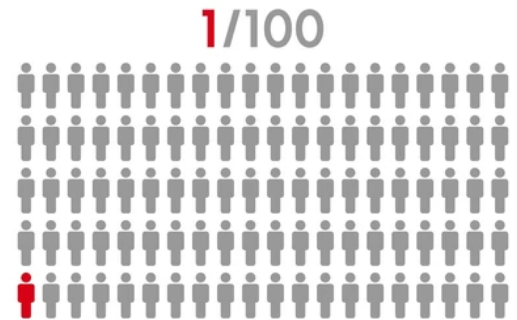

Cutaneous Lichen Planus

Cutaneous lichen planus is a skin condition in which the immune system attacks healthy skin cells. It is not contagious, not caused by poor hygiene, and usually not dangerous. It affects less than 1% of adults, most often middle-aged women and men equally. It can last months to years. It may get better on its own but often needs to be controlled with treatment.



What causes cutaneous lichen planus?

While the exact cause of cutaneous lichen planus is unknown, experts believe that cutaneous lichen planus happens when the immune system attacks healthy skin cells by mistake. Things that may trigger or worsen lichen planus include:

- Certain medicines (such as blood pressure medicines)
- Infections, including hepatitis C
- Skin injury, scratching, or rubbing
- Stress may make it worse
- Rarely, vaccines or contact allergies

What are the signs of cutaneous lichen planus?

Lichen planus causes bumps on the skin that are often:

- Purple, red, brown, or gray
- Flat-topped or dome shaped
- May be scaly
- Itchy
- Some bumps may have thin white lines on top called Wickham striae.

These spots can appear anywhere, but most often affects the:

- Wrists (especially the inner wrists)
- Mid lower back
- Shins
- Arms or legs
- Trunk
- The face is not commonly affected



Other things you may notice:

- Dark marks after redness and/or raised bumps clear (more common in darker skin)
- Thick, rough patches, especially on the shins

- New bumps where the skin was scratched or injured
- Itching that affects sleep
- Stress, worry, or low mood
- The rash coming back after it has cleared

Can lichen planus affect other parts of the body?

Yes. Lichen planus can also affect the:

- **Mouth:** white lacy spots, redness, pain, or sores
- **Scalp:** itching, redness, scaling, or hair loss
- **Nails:** ridges, splitting, thinning, or nail loss
- **Genital skin:** pain, redness, sores, or scarring
- **Throat** (rare): pain or trouble swallowing

Tell your doctor if you have mouth sores, genital pain, hair loss, nail changes, or trouble swallowing.

How is cutaneous lichen planus diagnosed?

Your doctor may diagnose lichen planus by examining your skin and asking about your medicines and health history.

Tests may include:

- **Skin biopsy:** a small piece of skin is removed and looked at under a microscope. This is not always needed but can help confirm the diagnosis.

What is the treatment for cutaneous lichen planus?

Treatment depends on how severe your condition is and how much your quality of life is impacted. Mild rashes may not need treatment if there are no symptoms, since lichen planus can sometimes improve on its own.

If needed, your doctor may recommend:

- **Steroid creams or ointments:** the most common first treatment
 - Applied to the skin to reduce inflammation and itching
- **Steroid shots**
 - Injected into thick or stubborn spots
- **Steroid pills**
 - Used for a short time if the rash is severe or widespread
- **Non-steroid skin creams (including calcineurin inhibitors)**
 - Calm the immune response in the skin without using steroids
- **Antihistamine pills**
 - May help reduce itching
- **Light therapy (phototherapy)**

- Ultraviolet light to help calm the skin, especially widespread rashes
- **Systemic medicines (pills) that help control the immune response**
 - Pills such as metronidazole, hydroxychloroquine, methotrexate, acitretin, mycophenolate and newer classes of medications such as janus kinase (JAK) inhibitors may be used if lichen planus is severe and does not improve with other treatments.

Each of these treatments may have side effects. Talk with your doctor about the side effects of these treatments.

There are no currently FDA approved treatments for lichen planus.

What can I do at home?

- Try not to scratch
- Be gentle with your skin: use mild, fragrance-free soap and moisturizer
- Avoid known triggers when possible and tell your doctor about new ones
- Take medicines as directed
- Minimize and manage stress when possible

Who treats this condition? How often should I see them?

A dermatologist (skin doctor) usually treats lichen planus, though your primary care doctor may manage mild cases. If other areas are involved, you may also see other specialists. How often you need follow-up depends on how severe the lichen planus is and what treatments you are on. Your doctor will typically check on you within a few weeks to months after starting treatment, then less often once the rash is controlled. Follow-up is important even after the rash clears, because lichen planus can come back.

Questions to ask at your visit

- Does my lichen planus look active today?
- How can we tell whether it is spreading or getting worse?
- How long will my medication take to work?
- What side effects should I watch for?
- When should I return?

Other resources:

- American Academy of Dermatology <https://www.aad.org/public/diseases/a-z/lichen-planus-overview>
- British Association of Dermatology <https://www.bad.org.uk/pils/lichen-planus>

- Journal of the American Medical Association

https://jamanetwork.com/journals/jamadermatology/fullarticle/2173556#google_vignette

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<https://www.lichenplanusfoundation.org>



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