

Lichen Planus: *Nailing* the diagnosis

Allyson Spence-Shishido, MD
Mark Holzberg, MD
Emory University
Department of Dermatology



Disclosures

- I have no financial conflicts of interest

Case Summary

43 y/o African American female presented with:

- Tender, fragile fingernails and toenails x 6 mo
- States her fingernails fell off, started growing back, then stopped growing
- Mentioned a rash on her right wrist and leg
- Also c/o patch of hair loss on vertex scalp x 5 years

Case Summary

ROS: Negative

PMH: Type 2 DM, HTN, Dyslipidemia.

Denies any recent or distant illnesses

Medications: Metformin, Lisinopril, Aspirin, Simvastatin.

No med changes in 7 years

FH: DM and HTN

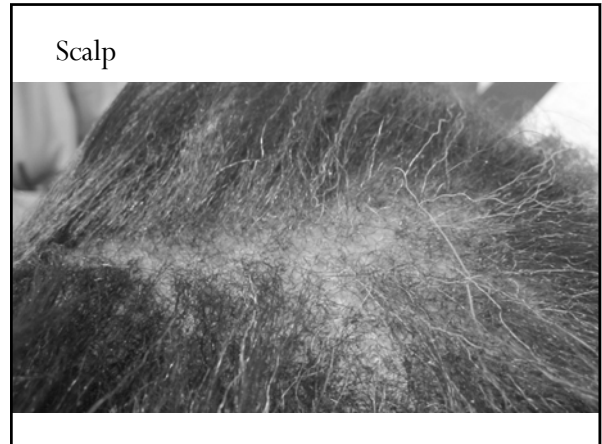
Social History:

From the Republic of Cote d'Ivoire

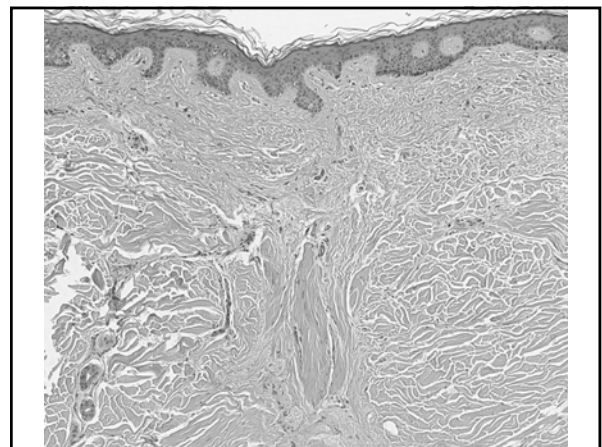
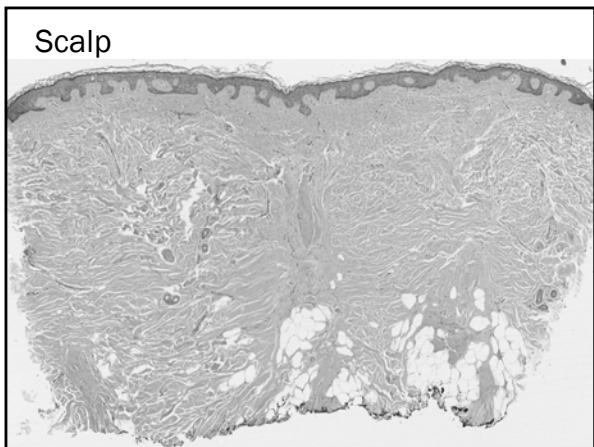
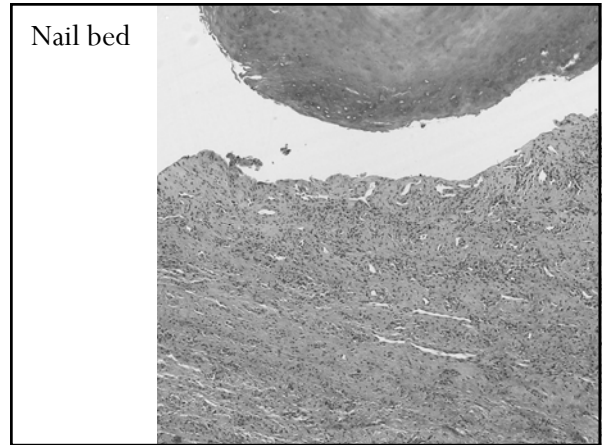
Works as a dry cleaner x 15 years

Denies Tobacco and EtOH





- Differential
- Lichen planus of the nail
 - Allergic or irritant contact dermatitis with subsequent scarring
 - Trauma- induced nail changes (due to work as dry cleaner)
 - Discoid lupus erythematosus
 - Systemic insult: drug-induced

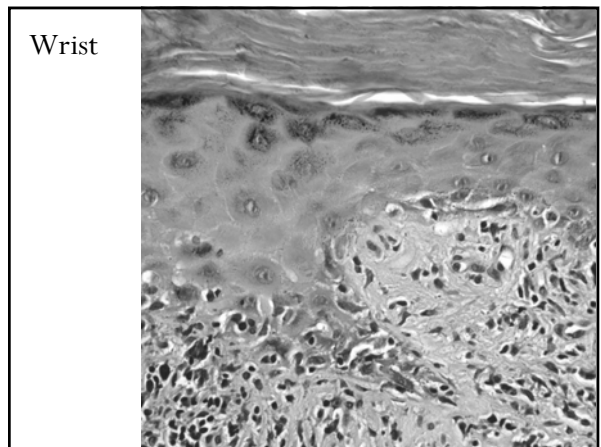
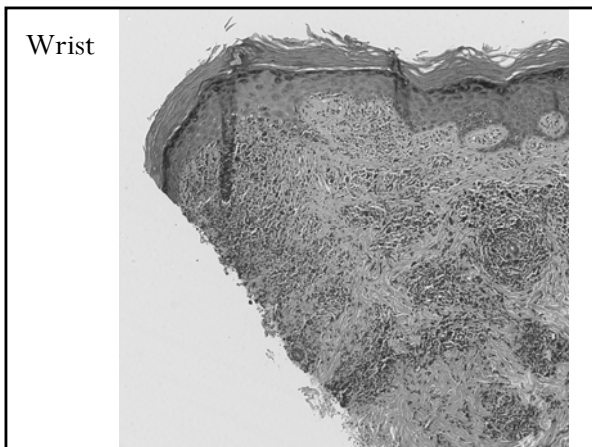
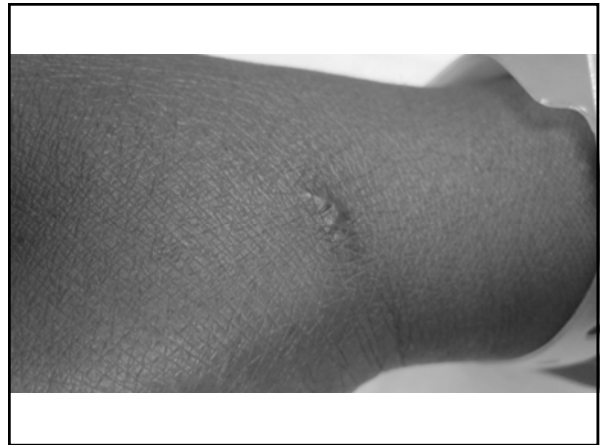


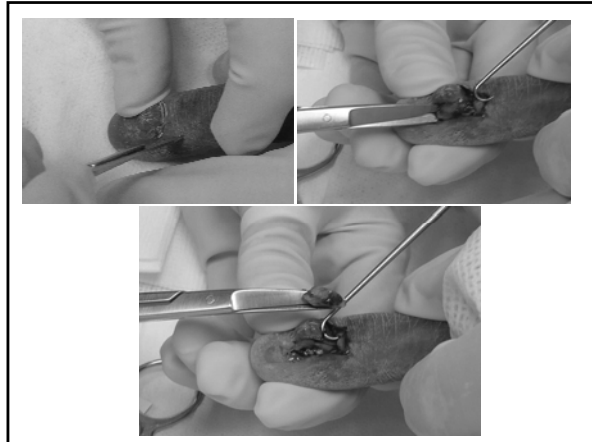
Initial Treatment

- Patient deferred intralesional treatment
- Opted for clobetasol ointment BID under occlusion without improvement after 4 months

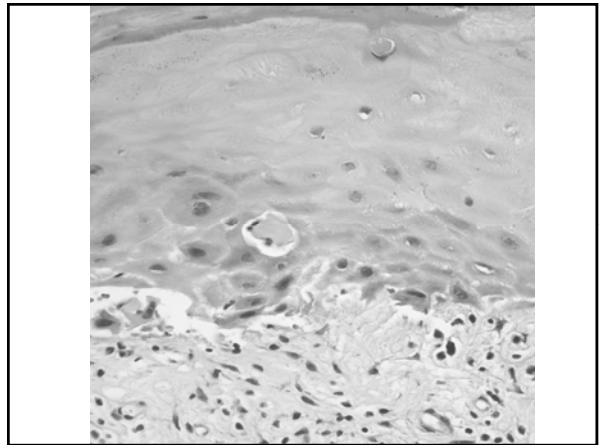
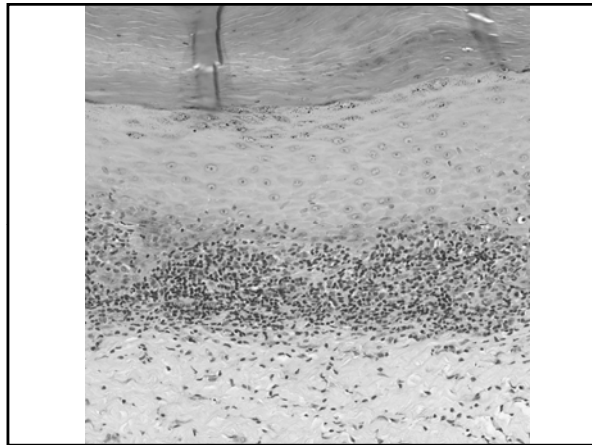
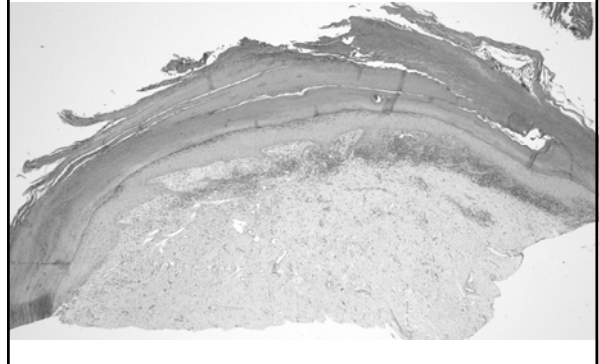
Further course

- 5mo after presentation, began to complain of recurrent oral and genital sores





Longitudinal Nail Biopsy



Lichen Planus of the Nails

- The nail is affected in ~10% patients with LP
- May be seen in absence of skin, scalp, or mucosal involvement, but this is rare
 - All toenails and fingernails are often involved
 - Typical mucocutaneous LP may develop later
- Peak incidence: 50-60 years, childhood onset also reported
- Nail presentation and severity is related to degree of nail matrix involvement, not degree of mucocutaneous involvement

Clinical presentation

- *Proximal matrix affected*
 - **Onychorrhexis** +/- pitting
 - **Most common presentation**
- *Matrix, proximal nail fold, and nail bed affected*
 - **Pterygium** (after extensive matrix destruction)
- *Nail bed affected*
 - **Onycholysis** → onychomadesis when severe
- *Nail fold affected*
 - **Paronychia**

Less common presentations

- Trachyonychia
- Yellow-nail syndrome-like changes
- Idiopathic nail atrophy
- Nail bed erosions
- Longitudinal melanonychia and erythronychia

Treatment

- Corticosteroids
 - Systemic:
 - Prednisone 10-20mg/day (divided BID-QID) x 2-3 weeks
 - Prednisone 0.5mg/kg Q other day x 3 weeks
 - IM triamcinolone monthly x 3-6 months
 - Intralesional if only few nails involved:
 - Intralesional monthly x 2-3 months
- Fingernails respond better than toenails
- Relapses occur in 60% of patients
- No way to predict response to treatment

Treatment

- Methotrexate
- Azathioprine
- Etretinate
- Topical tazarotene 0.1% gel and clobetasol 0.05%gel
- Etanercept

Our patient

- Obvious scarring → irreversible
- Our goal is to halt progression of disease and hopefully provide relief of symptoms



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