

Case Report

Lichen simplex chronicus

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ABSTRACT

Lichen simplex chronicus (LSC) is a chronic inflammation of the skin characterized by lichenification of the skin because of excessive scratching. This case report depicts a 58-year-old male with the chief complaints of pain in left hemiplegia upper and lower limbs and slurring of speech for 10 days. The patient also had complaints of itching and skin lesion over the upper and lower limbs for 1 year. The associations of LSC with depression, anxiety, obsessive-compulsive and personality disorders are well established in the literature. LSC is an irritating itchy dermatosis in which anxiety is common and affects the quality of life (QOL) of the patients.

Keywords: Dermatitis, Hemiplegia, Lichenification

INTRODUCTION

Lichen simplex chronicus (LSC) is commonly known as neurodermatitis circumscripta. It is a chronic skin disease characterized by small, round itchy spots that thicken and become leathery, which occur as result of constant scratching or rubbing of skin. It is commonly seen in female adults between the age group 35-60 years. Common sites of occurrence are nape of neck, legs, ankles, scalp and anogenital region.¹

Anogenital lesion which is observed during childhood may result from infection, trauma, skin disease or neoplasia as well as injuries and infections caused by sexual abuse.²

Clinical features were hyper pigmentation, lichenified, leathery plaques. LSC is essentially a clinical diagnosis. The differential diagnosis includes lichen plaques, psoriasis, and tinea. The skin biopsy might be beneficial.

In the present case, diagnosis was uncertain. Pathologic findings included epidermal hyperplasia with acanthosis

and dermal fibrosis, with vertical streaking of collagen bundles.³

CASE REPORT

A male patient of age 58 years was admitted in General Medicine Department in a tertiary care hospital with the chief complaints of pain in left hemiplegia upper and lower limbs and slurring of speech for 10 days. The patient was a known case of CVA, multiple infarcts with left hemiplegia. The patient had complaints of itching and skin lesion over the upper and lower limbs for 1 year as shown in Figure 1, 2 and 3 and history of dysphasia.

The general examination, it was evidently found that patient had hyper pigmented lichenified plaques with some hypo pigmented patches present over both upper and lower limbs. It was also found that the patient has focal hyper keratinized lesion with scaling present over posterior and dorsal surface of the fingers. On systemic examination, all his systems were found to be normal. He was a chronic cigarette smoker and alcoholic for 20 years.



Figure 1: Scaly plaque on both leg.



Figure 2: Scaly plaque on right leg.



Figure 3: Scaly plaque on left leg.

Laboratory investigations

Complete blood picture and urine investigations, blood sugar, liver, renal and thyroid functions were performed and found to be normal. Color doppler test was normal. CT scan of brain was performed and revealed an acute infarct in right corona radiata and caudate nucleus. Skin biopsy can also be performed for lichen simplex chronicus.

Differential diagnosis

Based on patient complaints and general examination was finally confirmed as lichen simplex chronicus. The drugs prescribed are displayed in Table 1.

Table 1: Depicts the drugs prescribed each day.

Day of treatment	Drugs prescribed
Day-1	R _x
	Tab. Atorva 40mg/OD
	Tab. Clopitab 75mg/OD
	Tab. B.complex /OD
Day-2	R _x
	Inj. Augmentin 1.2g/IV/TID
	Tab. Cpm/BD
	Tab. Clopitab 75mg/OD
	Tab. Atorva 40mg/OD
	Tab. Enam 5mg/OD
	Liquid paraffin
Day-3	R _x
	Tab. Atorva 40mg/OD
	Tab. Enam 5mg/OD
	Tab. Ecospirin 150mg/OD
	Liquid paraffin
	Tab. Pantop 40mg/OD
Day-4	R _x
	Tab. Atorva 40mg/OD
	Tab. Enam 5mg/OD
	Tab. Ecospirin 150mg/OD
	Tab. Pantop 40mg/OD
	Tab. librum 25mg at bed time

Outcome and follow-up of the patient was advised to have a regular checkup for levels of BP as it is a known case of CVA.

DISCUSSION

LSC is thickening of the skin with variable scaling that arises secondary to repetitive scratching or rubbing. The peak incidence of LSC is between 35 and 50 years of age and the condition is more common in women, with a female-to-male ratio of 2:1.⁴

There are many patients with emotional problems but only a minority of them may develop psychogenic pruritic disorders. The associations of LSC with depression, anxiety, obsessive-compulsive and personality disorders are well established in the literature.⁵ LSC is an irritating itchy dermatosis in which anxiety is common and affects the quality of life (QOL) of the patients.⁶

The goal of treatment is to stop the itch-scratch-itch cycle and allow skin to heal. The patient was a known case of CVA multiple infarcts with left hemiplegia. The

associations of LSC with anxiety were confirmed by physical examination.

The drugs prescribed to control BP in this case were Atorvastatin 40 mg, Enalapril 5mg, Ecospirin 150 mg. Pantoprazole 40 mg was used as an antacid. Liquid paraffin was given to use as a barrier cream by providing a layer of oil on the surface of the skin to prevent water evaporating from the skin surface. Chlordiazepoxide (Librium) was used to treat anxiety and acute alcohol withdrawal.

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REFERENCES

1. Bologna J, Jorizzo J, Schaffer J. Dermatology, volume-1, chapter-6. New York; 2003:85-87.
2. Secilmis Kerimoglu O, Dogan NU, Tazegul A, Karamese M, Beyhekim H, Celik C. 'Lichen simplex chronicus that accompanies anogenital warts during the childhood'. Case Reports Med. 2012;2012:1-3.
3. Dermatology cryosurgery and cryotherapy, In: Abramovits W, Graham G, Har-Shai Y, Strumia R, eds. Springer-verlag, London; 2016:511-512.
4. Ramineni HB, Manogna ASKL, Chandini M, Vidyadhara S. A case of neurodermitis circumspecta with generalised pruritic. Int J Med Health Sci. 2015;4(1):145-6.
5. Radmanesh M, Sharifi M, Shafiei S. Lichen simplex chronicus, neurotic excoriation and nodular prurigo and their correlation with atopy: a case-control study. Iranian J Dermatol. 2011;14(1):25-8.
6. Abdelhalim NM. Capsaicin Phonophoresis versus transcutaneous electrical nerve stimulation in the treatment of pruritus in lichen simplex chronicus: a prospective randomized controlled study. Int J Health Sci Res. 2014;4(11):140-9.

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