Case Report

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Unusual Vesiculobullous Lichen in a Pediatric Male Patient

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ABSTRACT

Lichen planus (LP) is a chronic inflammatory disease of the skin and mucous membranes it is usually affect adults and is only rarely encountered in children. It has a skin and oral manifistations. Clinically it varied between reticular, plaque-like, atrophic, papular, erosive, and bullous forms. This article describes a case of a 7 years old male patient with a rere condition of lichen planus.

Keywords: Pediatric; Lichen Plnus; Bulla; Ulcer; Wickham's Striae; Children

Introduction

Lichen planus (LP) is an autoimmune chronic inflammatory disease affecting the skin and mucous membranes in which autocytotoxic Tlymphocytes trigger apoptosis of epithelial cells. The disease usually affects adults and is rare in childhood. Typically, skin lesions include violaceous, polygonal, flat papules and plaques, affecting predilection sites such as the wrists, ankles, and lower back [1]. The clinical features of oral lichen planus (OLP) are varied and six different patterns occur: reticular, plaque-like, atrophic, papular, erosive, and bullous. It usually occurs in adults; there are no clear data regarding the incidence and the clinical features of oral lichen planus in children [2].

Case Presentation

A 7 years old male patient came to department of Oral Medicine and Periodontology with a chief complaint of burning sensation in right side of tongue and right buccal mucosa with history of remission and exacerbation for 3 months. On Extra oral examination there were no skin lesions but the right submandibular lymph node was palpable. On Intraoral examination we found a Large bulla in right lateral side of the tongue measuring 2*1 cm related to lower left D&E, reddish in colour, flacid, filled with fluid with duration of 1 day ago (Figure 1). There was also a White keratotic lesion in right buccal mucosa measuring 3*3 mm related to upper and lower E`s with no loss of pliability and flexibility and did not disappear on sretching with faint white stria radiating from it (Wickham's striae) with duration of 3 months ago and history of remission and exacrbation (Figure 2). His mother told us that the father of the child has a systemic lupus disease, so we asked them to do an ANA test in addition to complete blood picture. The CBC showed a normal blood picture while the ANA test revealed a weak positive result.

Then, we have taken a punch biopsy from the keratotic lesion in the buccal mucosa which revealed a histopathological picture of lichen planus and we prescribed him a topical corticosteroid and asked them to come and follow up after 2 weeks. The bulla in tongue ruptured forming a large irregular shallow ulcer surrounded by erythema, and the right buccal mucosa showed a small hematoma at site of the punch biopsy (Figures 3 & 4). The report of the biopsy revealed a histopathological picture of lichen planus so, we referred him to an immunology doctor who diagnosed this condition as a vesiculobullous lichen planus and prescribed to him a topical with a systemic corticosteroid for 2 weeks. He came for follow up after 2 weeks of taking the medication and we found a almost a complete healing of the lesions (Figures 5 & 6).

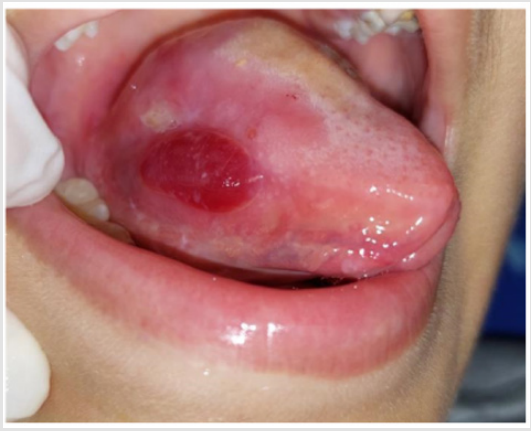

Figure 1: Clinical photograph showing a Large bulla in right lateral side of the tongue measuring 2*1 cm related to lower left D&E, reddish in colour, flacid, filled with fluid.

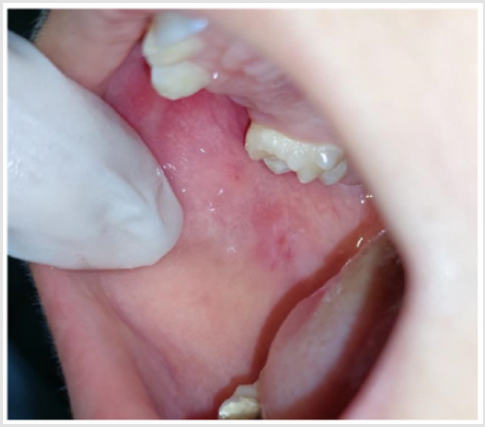

Figure 2: Clinical photograph showing a White keratotic lesion in left buccal mucosa measuring 3*3 mm related to upper and lower E 's with faint white stria radiating from it (Wickham's striae).

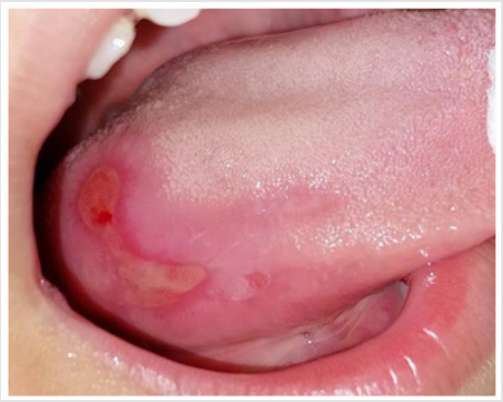

Figure 3: Clinical photograph showing a Large irregular ulcer after rupture of the bulla.

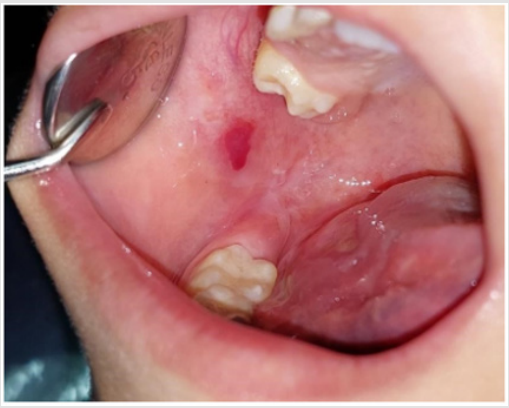

Figure 4: Clinical photograph showing hematoma at site of the punch biopsy.

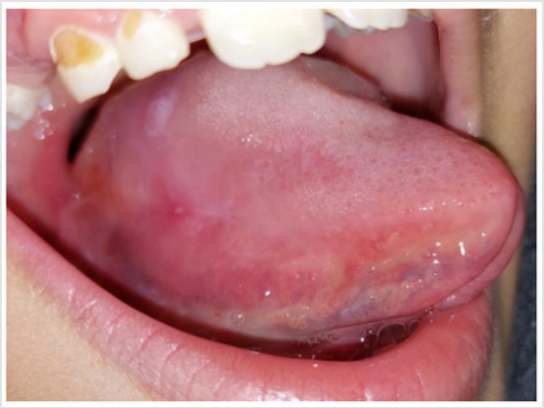

Figure 5: Clinical photograph showing healing of tongue ulcer.

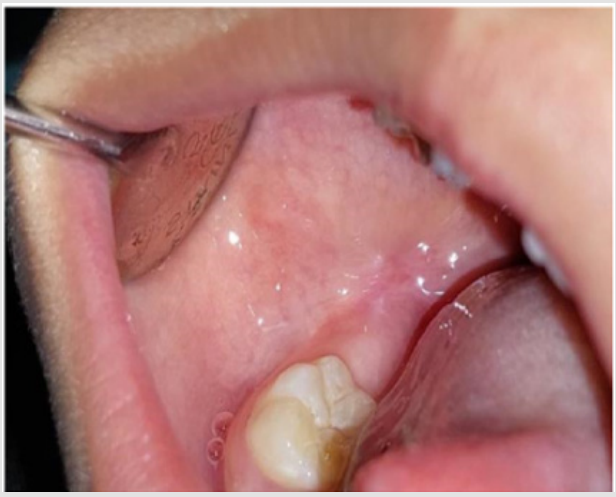

Figure 6: Clinical photograph showing healing of buccal mucosal lesion.

Discussion

There are no clear data regarding the incidence of OLP in children (OLPc), although according to some authors the prevalence in children is <2%–3% of total cases. According to a recent systematic review published in 2023, the oral mucosa is involved in 22% of pediatric patients, compared to 30%–70% of adult patients. The most frequent pattern was the reticular pattern (7/13, 53.8%), followed by plaque-like (5/13,38.4%), papular (3/13, 23%), erythematous/atrophic (2/13, 15.3%), bullous (1/13, 7.6%) and ulcerative (1/13, 7.6%) patterns. The tongue was the most involved oral site (12/13, 92.3%), followed by the buccal mucosa (6/13, 46.1%) and the palate (1/13,7.6%) [3]. Condition may present as classical lichen planus without any predisposing medical history or positive family history [4].

Conclusion

Pediatric lichen planus (LP) is a relatively uncommon condition, but it has showed increased incidence in the last years. So prober diagnosis of these cases is important to start an early treatment and decrease incidence of malignant transformation.

Informed Consent

Written informed consent was obtained from the patient.

Conflicts of Interest

There are no conflict of interest.

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