ISSN 2692-5877
DOI: 10.46998/IJCMCR.2024.38.000945

International Journal of
Clinical Studies & Medical Case Reports

Case Report

Lichen Striatus and Pregnancy: A Rare Association

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Received: March 09, 2024 **Published:** July 19, 2024

Abstract

Lichen striatus is an uncommon condition, it is a benign self-limited T-cell mediated dermatosis characterized by a linear inflammatory popular eruption, typically affecting children and rarely adults [1]. Symptoms are often minimal or absent, and the condition typically resolves without treatment. We present a case of a pregnant woman in her third trimester diagnosed with lichen striatus confirmed by biopsy. She was treated with emollients and topical steroids, resulting in significant improvement.

Introduction

Lichen striatus is an uncommon condition, characterized by a benign, self-limited dermatosis mediated by T-cells. It manifests as a linear inflammatory popular eruption, primarily affecting children, and less frequently adults. The onset typically occurs suddenly, often with minimal or no symptoms present.

Case Report

A 37-year-old pregnant woman in her third trimester sought dermatology consultation due to the sudden appearance of slightly itchy erythematous lesions on the lateral side of her trunk and thighs. She denied recent vaccinations or infections. Dermatological examination revealed multiple light brown to pinkish papules merging into linear bands following Blaschko's lines, located unilaterally on the right thorax and thighs without extending beyond the midline. Dermoscopy revealed an annular granular pattern, a biopsy was performed to explore potential diagnoses such as lichen planus, porokeratosis, and linear Darier's disease. The histopathological analysis confirmed lichen striatus. The patient received treatment with emollients and topical steroids for a short period, resulting in significant improvement.

Discussion

Lichen striatus, also known as acquired blaschkoid dermatitis, is a rare condition primarily observed in children, with most cases occurring between the ages of 5 and 15. While less common in adults, its presentation typically includes discrete, skin-colored to pink or erythematous flat-topped papules, which may merge to form a red, possibly scaly, band. This eruption often follows the Blaschko lines and predominantly affects the extremities. Nail involvement, characterized by thickening, ridges, splitting, or loss, can also occur with or without skin lesions.

The condition is generally benign and tends to resolve on its own without the need for extensive investigation or treatment. Studies suggest that lichen striatus may stem from epigenetic mosaicism or environmental triggers such as vaccinations after Bacille Calmette-Guerin (BCG) and hepatitis B vaccinations, UV light exposure, or infections like varicella and influenza. Although rare, occurrences during pregnancy or postpartum may relate to an autoimmune response triggered by gestation.

Lichen striatus typically resolves within a year without scarring, though temporary hypopigmentation or hyperpigmenta-

Figure A: Brown to pinkish papules coalescing to form linear bands, following Blaschko's lines, unilateral and not extending beyond the midline, located on the lateral surface of the right thorax (a) thighs (b,c).

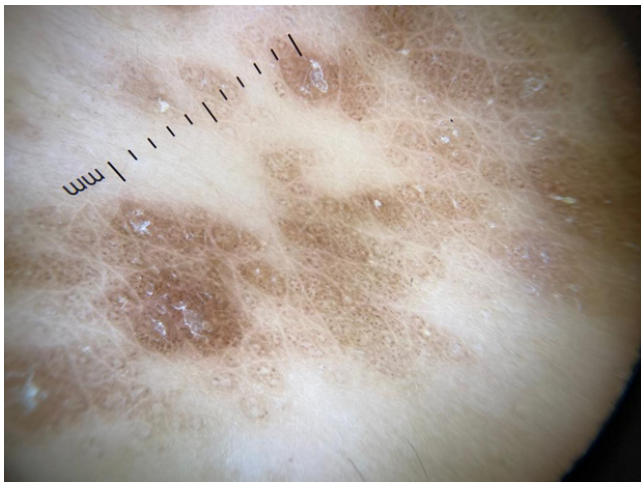

Figure B: Dermoscopy annular granular appearance.

tion may occur. Treatment may not be necessary in many cases, but for those seeking cosmetic improvement or symptomatic relief from itching, low-to-moderate potency topical corticosteroids or immunomodulators can be used. Additionally, bleaching creams may help address post-inflammatory hyperpigmentation.

Conclusion

Lichen striatus, often called acquired blaschkoid dermatitis, is a condition that predominantly affects children but can also manifest in adults, and notably, during pregnancy. The etiology of lichen lesions is believed to stem from a combination of genetic and environmental factors, triggering immune responses. In our case, a change in the immune system linked to pregnancy could be responsible for the lichen.

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