Esophageal lichen planus: a rare case

Key words: Lichen planus. Esophagus.

Dear Editor,

Lichen planus is a rare, idiopathic disease that usually involves the skin and mucosa. While esophageal involvement is quite rare, oral lichen planus lesions occur in two thirds of cases and may occur without skin involvement (1). Esophageal lichen planus occurs more frequently in middle-aged women and is frequently asymptomatic but may cause odynophagia and dysphagia (2).

CASE REPORT

A 50-year-old man presented with a 2 week history of odynophagia and progressive dysphagia and weight loss of 12 kg. He had a medical history of lichen planus affecting the oral mucosa and skin and was treated with cycles of deflazacort and topical beclomethasone and tacrolimus. Treatment was suspended 2 months prior to admission. On examination, the patient presented ulcerations of the jugal mucosa and violaceous lesions with white scales on the back and torso. An esophagogastroduodenoscopy was performed that revealed diffuse mucosal sloughing with a friable surface underneath (Fig. 1A). Histopathology revealed denudation of the surface epithelium and lymphocytic inflammatory infiltrate (Fig. 1B). Treatment with 40 mg/day prednisolone was started and the patient showed a rapid improvement.

DISCUSSION

Endoscopic findings of esophageal lichen planus include mucosal sloughing, inflamed mucosa and strictures. These findings may be mistaken for reflux esophagitis but esophageal lichen planus usually involves the proximal esophagus (1). Histology typically shows dense lymphocytic infiltrate of the lamina propria, basal layer degeneration and epithelial detachment (3). Civatte bodies are highly characteristic of lichen planus but are only found in around 40% of biopsies (1). Esophageal lichen planus has been associated with squamous cell carcinoma (4). The most effective treatment is systemic corticotherapy but relapse occurs in 85% of cases when steroids are withdrawn (5).

REFERENCES