



Green Lichen

PIC QUESTION OF THE WEEK: 1/25/10

Q: Which drugs have been implicated as possible causes of the condition known as lichen planus?

A: Lichen planus is an inflammatory disease that most frequently affects the skin and oral mucosa. In rare cases, the disease may also involve the nails or scalp. The word *lichen* refers to a type of plant that often grows on trees and rocks while the term *planus* is derived from the Latin for *flat*. When the disease affects the skin, it is characterized by intensely pruritic, flat-topped, shiny papules that are reddish-purple in color. Oral lesions are usually described as being tender, whitish-gray patches located on the tongue or inside of the cheek. Lichen planus occurs in 1-2% of the population and is most frequently seen in men and women between the ages of 30 and 70. The exact cause of lichen planus in individual patients is often unknown; however, it is most likely due to an autoimmune or allergic reaction. Other possible etiologies include infectious diseases such as hepatitis as well as a variety of medications. Some of the most common drugs associated with lichen planus are those used in the treatment of heart disease, arthritis, and hypertension. Angiotensin converting enzyme (ACE) inhibitors (e.g. captopril), angiotensin receptor blockers (ARBs) (e.g. valsartan), and beta-blockers such as labetalol have been implicated in cases of lichen planus. The cholesterol-lowering *statins* and NSAIDs, specifically naproxen, are also considered potential causes of the condition. There have been a number of recent reports associating the tumor necrosis factor- α (TNF- α) inhibitors with cases of lichen planus. When one considers the immunomodulatory activity of this group of compounds, it is not surprising that the reaction is being reported more frequently. TNF- α inhibitors include drugs such as etanercept, infliximab, adalimumab, and others. They are variously labeled for the treatment of rheumatoid arthritis, Crohn's disease, and/or psoriasis. Rare cases of lichen planus have also been associated with a variety of drugs including sildenafil, alendronate, and vaccines such as influenza and hepatitis B. The onset of this disorder varies among patients and medications, ranging from a week to several months after initiation of therapy. Generally, recognizing an association and discontinuing the suspected medication leads to resolution of the dermatologic condition within a few weeks. Topical corticosteroids are occasionally of benefit. Lichen planus is a relatively uncommon dermatologic finding; however, drugs should always be considered as a possible etiology.

References

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