



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

INFRAORBITAL LICHEN SCLEROSUS: ABOUT A CASE

M Soua⁽¹⁾ - Y Soua⁽¹⁾ - H Belhadjali⁽¹⁾ - M Daldoul⁽¹⁾ - M Youssef⁽¹⁾ - J Zili⁽¹⁾

Fattouma Bourguiba Hospital, Dermatology, Monastir, Tunisia⁽¹⁾

Background: Lichen sclerosus (LS) is a chronic inflammatory disorder, of an unknown etiology. It affects typically the ano-genital areas. Isolated cutaneous localization is rare. A case of infraorbital LS in a female patient is reported.

Observation: A 43 year-old patient, without notable medical history, consulted our department for an asymptomatic, hypo pigmented lesion of the lower eyelid of 4 year duration .Physical examination revealed a 1 cm of diameter, well-demarcated, white opalescent lesion over the left lower eyelid. On palpation, the lesion was slightly sclerotic. Otherwise, there was no genital symptoms or lesions. A biopsy specimen on the lesional skin showed characteristic features of LS. Since the lesions were very well localized, the patient was prescribed only topical corticosteroid with a net improvement. During follow-up, the patient did not develop any other, cutaneous or mucous, lesions.

Key message: LS, described initially by Hallopeau in 1887, is a rare, benign, and inflammatory dermatitis. It preferentially affects female patients of peri or post-menopausal age. The involvement of the ano-genital region is the most typical. Extra-genital LS is seen in 15-20% of the cases. It occurs most commonly on the trunk, sites of pressure, upper back, wrists, buttocks, and thighs. The involvement of the lower eyelid is exceptional, only three cases have been reported. Clinically, cutaneous LS appears as well-limited, white papules or plaques with varying degree of sclerosis and atrophy. The histological study is obligatory to confirm the diagnosis. Unlike the typical ano-genital LS, cutaneous lesions are generally asymptomatic with occasional pruritus. Treatment of cutaneous LS is not codified. Several molecules could be used such us topical corticosteroids and calcineurin-inhibitors.

