

# KERATOSIS LICHENOIDES CHRONICA

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## ABSTRACT

Keratosis lichenoides chronica is a chronic dermatosis, generally of benign nature, yet refractory to treatment. Our 54-year-old man patient, who is the 40th case reported in the literature, presented with a 15-year history of skin lesions, which were clinically, histopathologically, immunohistologically and electron microscopically compatible with keratosis lichenoides chronica. As a child he was taking antimalarial drugs and later on he was treated with antituberculous drugs. For the past 18 years he has presented with signs of periodic allergic rhinitis. The Re-PUVA therapy produced some improvement in some areas, keratotic papules with keratotic plugs had disappeared and the papules flattened. The results were superior to those obtained by local selective phototherapy or by systemic treatment with etretinate (Tigason). The patient was therapeutically unresponsive to topical application of steroids, 0,5% tretinoin and tar preparations. Systematically administered therapy had only a temporary effect on the dermal lymphocytic and histiocytic infiltrate. Considering the pathogenesis of keratosis lichenoides chronica and the composition of the dermal infiltrate, we think it reasonable to try cyclosporin A but our patient refused it.

## KEY WORDS

*keratosis lichenoides chronica, histopathology, ultrastructure, treatment*

## INTRODUCTION

Since 1886, when Kaposi first described keratosis lichenoides chronica (KLC) until 1991, 38 cases of KLC had been described (1). In 1992, a new case of KLC was reported (2). As it is still unclear whether the dermatosis is an independent disease entity, or solely a variant of lichen ruber planus, it

has been described under a wide variety of names, such as lichen ruber moniliformis (Kaposi 1886), lichen ruber acuminatus verrucosus et reticularis (Kaposi 1895), porokeratosis striata (Nekam 1938), dermatose papulohyperkeratosique en stries (Bureau, Barrière 1970), keratose lichenoidé striée (Degos 1974), lichenoid trikeratosis (Pinol-Augade 1974), and keratosis lichenoides chronica (Margolis 1972) (1).

\* *Anica Smrkolj MD, PhD has passed away unexpectedly. A short obituary is included in this issue.*

