SUPERIMPOSED LINEAR LICHEN NITIDUS: A RECENT REPORT REVISITED

To the Editor:

Sir, I read with great interest the report entitled "Palmar lichen nitidus following Blaschko lines with nail involvement in a child" as recently published by Boccaletti et Al. in this Journal (1). The Authors describe a most unusual case of lichen nitidus (LN) showing a linear manifestation coexistent with disseminated, non-segmental lesions.

In 2007, I proposed the concept of superimposed segmental manifestation of acquired, polygenic skin disorders (2). The segmental involvement is usually rather pronounced and noted rather early in life, whereas milder, non-segmental lesions of the same disorder tend to appear later. The severe segmental involvement can be explained by an early postzygotic event in the form of either loss of heterozygosity for one of the predisposing alleles, or any other mutation giving rise to an additive predisposing allele. I had found case reports dealing with 11 different acquired skin disorders with a polygenic background to which this concept could be applied, including psoriasis, atopic dermatitis, lichen planus and granuloma annulare. At that time, however, I was unable to find a convincing case of superimposed linear LN.

The 6-year-old boy described by Boccaletti et Al. (1) had linear LN involving his left hand. A close-up picture of the palm shows rather pronounced lesions and a photograph of the thumb demonstrates that nail involvement was "remarkable with linear ridging and pits". Interestingly, additional disseminated LN lesions were distributed over the entire trunk, as documented in an another figure. In this way, Boccaletti et Al. (1) have documented the two prerequisites of superimposed segmental manifestation of a polygenic skin disorder in the form of a rather pronounced segmental involvement and the presence of less severe non-segmental lesions of the same disease (2).

This observation provides further clinical evidence that LN has a polygenic background (2). Indeed, several familial cases of non-segmental LN have been reported (3-6).

Hence, LN can now be added to the list of acquired polygenic skin diseases that sometimes show a segmental manifestation superimposed on bilateral, non-segmental lesions of the same disorder.

In conclusion, although the Authors' opinion that this may be the first description of LN following Blaschko's lines cannot be upheld because patients with linear LN have previously been reported (7-9), their case is still unique since it represents the first well-documented report of superimposed linear LN.

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Reply:

We thank prof. Rudolf Happle for his interest in our article. We read with great interest his review (1) appeared just after our paper was accepted for publication.

Also in our case, as in the cases of linear lichen planus reported in literature (2, 3), the segmental lesions, rather pronounced, tended to precede the onset of the more common, milder, non segmental lesions. In this sense, our case can well be defined "superimposed linear lichen nitidus", according to his concept (1). Moreover, the Authors feel that the case is still the first description of a linear lichen nitidus with nail involvement, because previous cases of linear lichen nitidus were published, as well as lichen nitidus with nail involvement (4, 5), but not in a segmental, linear distribution.

References

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