Coexisting Lichen Sclerosus and Morphea

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BACKGROUND

For decades, dermatopathologists claimed that lichen sclerosus and morphea could not occur simultaneously. However, over the years, sporadic cases of coexisting lichen sclerosus and morphea have been reported in the literature.

Lichen sclerosus is a chronic inflammatory dermatitis that is characterized by white, slightly raised, atrophic papules and plaques on the skin. Histologic features include hyperkeratosis with follicular plugs, atrophy of the Malpighian layer with vacuolar degeneration, edema, homogenization of the upper dermal collagen, and a mid-dermal inflammatory infiltrate.

Morphea is a type of localized scleroderma. This inflammatory fibrosing disease presents with round, erythematous to violaceous patches and plaques with a white sclerotic center. Histologically, there is a dense, sclerotic appearance to the dermal collagen, particularly in the mid-to-deep reticular dermis.

CASE PRESENTATION

A 33-year-old male with no previous medical history presented with a two year history of an asymptomatic plaque on his ribcage. The patient was not taking any medications except for a daily multi-vitamin.

Physical examination:
• 4 x 3 cm white plaque on the left ribcage
• No other cutaneous or mucosal lesions present

Hematoxylin and eosin stained sections from the punch biopsy revealed the following:
• Hyperkeratosis
• Atrophic epidermis with loss of the normal rete ridge pattern
• Prominent homogenization of the papillary dermis with scattered melanophages present in the background

REFERENCES

1. Patterson JA, Ackerman AB. Lichen sclerosus et atrophicus is not related to morphea. A clinical and histologic study of 24 patients in whom both conditions were reputed to be present simultaneously. Am J Dermatopathol. 1984;6(4):323-335. doi:10.1097/00000372-19840800-00007