

### ***Lichen Simplex***

A 9-month-old female child presented with itchy plaques over both legs of 6 month duration. The parents reported that she rubbed her feet since the age of 3 month. On examination, slightly hyperpigmented thickened plaques of ill-defined borders were noted on the medial aspects of both feet and ankles (Fig. 1). The surface was irregular with prominence of skin markings. Rest of the cutaneous and systemic examination did not reveal any abnormality. A clinical diagnosis of bilateral lichen simplex was confirmed on histopathology examination of skin biopsy. The child was treated with fluticasone propionate cream (0.05%) under occlusion and showed good response within 2 weeks. The parents were also instructed to play with the child and keep her busy whenever she scratched her feet.

Lichenification is a pattern of cutaneous response to repeated rubbing or scratching and is characterized clinically by thickened skin with accentuation of skin markings resembling tree bark. The term *Lichen simplex* is used where there is no known predisposing skin disorder, whereas if the excoriation is initiated by a pruritic dermatosis, the term secondary lichenification is applied. Hypotheses regarding the pruritus focus on underlying medical disorders, associated dermatologic disorders, proliferation of nerves, and psychological aspects with emotional tension.



*Fig. 1 Lichenified plaques on the medial aspect of right foot and ankle showing hyperpigmentation and prominence of skin markings*

*Lichen simplex* is uncommon in childhood and the peak incidence is between 30 and 50 years of age. Women are affected more often than men. Often there is a single lesion. Commonly involved sites include the posterior and lateral aspects of the neck, extensor aspects of the forearms, lower legs, vulva, scrotum, and perianal area. Lichen simplex must be differentiated from psoriasis, mycosis fungoides, dermatophyte infections, lichen planus, and lichen amyloidosis.

Treatment options include potent topical glucocorticoides, intralesional glucocorticoides, doxepin cream, capsaicin cream, and PUVA (psoralens and ultraviolet A) therapy.

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