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Vulvar lichen Sclerosus associated with alopecia Areata

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Abstract
Sclerotic lichen (LS) is a Chronic Inflammatory Dermatosis, the association with Autoimmune Diseases has been rarely reported in the literature. We report a case Associating the Vulvar Sclerotic lichen and an Alopecia Areata or the Interest of a Meticulous Examination in search of possible association.

Keywords: Sclerotic lichen-Alopecia Areata - association- Histology

Introduction
Lichen sclerosus (LS) is a chronic inflammatory dermatosis affecting the mucosa and skin, with a predilection for the anogenital region. The association with autoimmune diseases has been reported in the literature, rarely with alopecia areata. We report a case.

Case report
This is an 08 year old girl, with no notable pathological history, was admitted in consultation for a hair loss evolving for 5 months starting at the frontal level, moreover the girl also reports vulvar discomfort, pruritus and ano erosions-vulvar evolving for 4 years associated with alternating diarrhea and constipation for a year. The clinical examination had found a non-scarring alopecic plate mid-frontal 10 cm long axis [Figure 1] with discovery of a painful edema involving the lips and the clitoris, cracks in stabbing at the inguinal folds as well as erosions based on a pearly and shiny white background of the anogenital region[Figure 2]. Several diagnostic hypotheses were raised, notably a cutaneous manifestation of Crohn's disease and a sclerotic lichen. Skin biopsy at the vulvar level had shown a dense lymphocytic infiltrate, arranged in strips with a homogeneous fibrosis of the superficial dermis in favor of the lichen. Patient was put on very strong local corticosteroid therapy, tacrolimus, healing cream based on copper zinc and good hygiene, then lost to follow-up.

Discussion
Lichen sclerosus (LS) or sclero-atrophic (LSA) is an inflammatory dermatosis often overlooked or diagnosed most often late. LS etiology is still uncertain, probably multifactorial, but there is an increasing evidence that autoimmune mechanism plays an important pathogenetic role, taking into consideration the strong association with many autoimmune disorders in 21–28% of cases [1-4]. The clinical signs are the same as in adults, dominated by pruritus and vulvar burns with pearly white, porcelain and atrophic plaques, but in children, vulvar hemorrhages are frequent and sometimes revealing of affection. Constipation can also be a reason for consultation, but in more than 10% of cases, the discovery of LSV is fortuitous. The peak of incidence is the pre-pubertal and peri-menopausal period. The diagnosis is confirmed by the histology which reveals an atrophic epidermis, follicular hyperkeratosis and a horizontalization of the base, the histological aspect evocative of LS is the edematous hyaline band in subepithelial with presence of rare collagen and elastic fibers as well than a rich inflammatory infiltrate in lymphocytes. The treatments are essentially based on very strong local corticosteroid therapy, tacrolimus, pimecrolimus1%, local progesterone 2% and topical cyclosporine. This observation seemed interesting to us because of the association of the vulvar sclerous lichen with alopecia Areata.

Conclusion
An association between vulvar sclerotic lichen and autoimmune disease has been mentioned several times in the literature but is rarely described. The message to take away from this observation is the examination of the genital area in front of any alopecia areata.

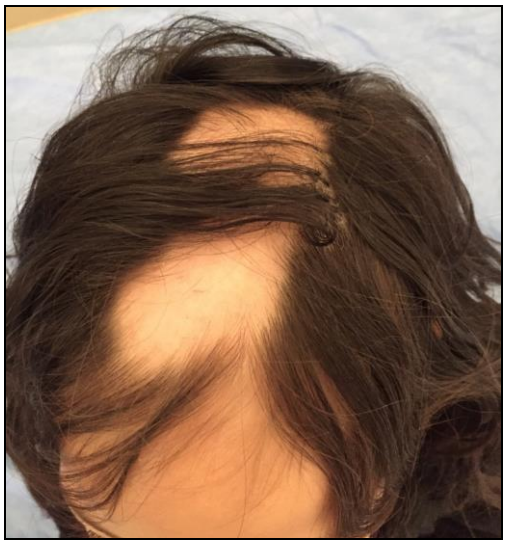

Fig 1: A 10 cm long non-scarring medio-frontal alopecia plate

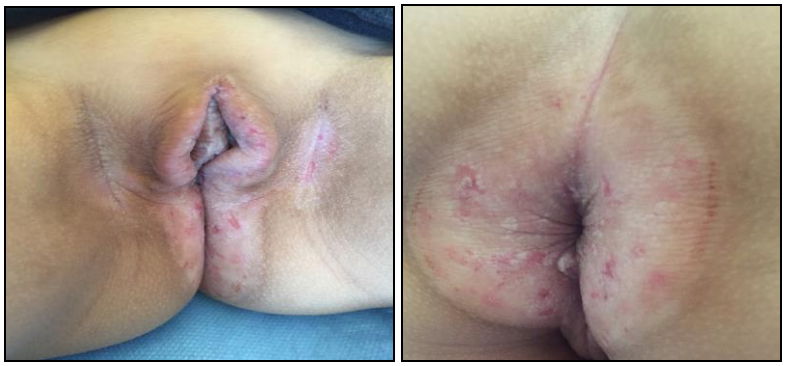

Fig 2: Edema and erosions on a pearly and shiny white background at the lips and clitoris, and cracks in the inguinal folds (A) extended to the anal region (B)

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