

## LETTER TO THE EDITOR

### Lichen Planus and the Liver

In their recent letter (1), Rebora et al. repeat their findings of a very high prevalence of chronic active hepatitis (CAH) in erosive lichen planus (LP) (9 of 11 patients), and recently also in 11.3% of 44 patients with non-erosive LP (2, 3). None of the patients had primary biliary cirrhosis (PBC). They conclude that LP "may be regarded as a major risk factor for liver cirrhosis" (3). In our study of 54 patients with oral LP, one patient had PBC, one had cryptogenic cirrhosis and none had CAH (4). Although we agree that the prevalence of chronic liver disease in our study may be higher than in the general population, it is far below the high prevalence of CAH reported by Rebora et al. Direct comparison of the two series of patients is difficult since the study of Rebora et al. was a follow-up study, the diagnostic criteria for LP were not stated nor were the patients' age and the duration of the disease reported. A striking difference is, however, apparent since 60% of our patients had erosive LP, as compared to none of the patients in Rebora's series (3). However, we applied a similar criterion for performing liver biopsy, i.e. it was not performed in "patients with modest laboratory evidence of liver disease" (3).

We concluded that severe LP of the mouth is not associated with a high prevalence of chronic inflammatory liver disease (unless LP has been provoked by penicillamine treatment of patients with PBC, as reported by Seehafer et al.) (5). We presented support for this view from two series of patients with chronic liver disease, comprising 280 and 218 patients, respectively. Our view has recently obtained further support from two studies: Wiles & Lynch found no evidence of liver disease in 14 patients with LP (6), and Powell et al., in a retrospective survey of 3897 patients with LP at the Mayo Clinic, found that a diagnosis of cirrhosis was made in 1.3% during the period 1950-1981. CAH was only diagnosed in 0.1%.

The high prevalence of CAH in patients with LP reported by Rebora et al. is interesting but it has, in our opinion, not yet been proven.

### REFERENCES

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