Lichen Planus Induced by Interferon-α-2B Therapy in a Patient with Cutaneous Malignant Melanoma

Sir,

Interferons (IFNs) are cytokines widely used in medicine for their antiproliferative, antiviral and immunomodulatory effects. Their most common side effect is an influenza-like syndrome characterized by fever, headache and muscle pain. Also, IFNs infrequently induce or worsen some dermatoses, such as herpes labialis, psoriasis, pemphigus and vitiligo (1). Several papers have referred to the induction or exacerbation of lichen planus (LP) in patients treated with IFN without HCV infection (2, 3). LP has, however, rarely been described in patients treated with IFN without hepatitis C virus (HCV) infection (2, 3). Induction of LP and exacerbation of pre-existing LP remain unknown. Some papers have demonstrated that IFN-α increases IFN-γ level, which has a great pro-inflammatory activity.

After 3 months of therapy the patient developed generalized, pruriginous, erythematous papules located on the wrist, forearms and dorsa of the feet. There were also reticulated, not ulcerated, white plaques on buccal and genital mucosa. The results of the following studies were within normal limits or negative: blood cell count, liver function test, urinalysis and serology for HCV, HBV, Epstein Barr virus and cytomegalovirus. CT scans of the thorax and abdomen were normal without recurrence of melanoma. The biopsies from the skin and oral mucosa revealed irregular acanthosis, basal vacuolation and a dense band-like lymphohistiocytic infiltrate. We diagnosed LP and oral administration of deflazacort, 30 mg/day, was started and therapy with IFN was continued. One month later, the skin lesions improved and deflazacort dosage was gradually reduced and discontinued. After 12 months, therapy with IFN was discontinued although a few new asymptomatic lesions of LP appeared, but no further treatment was required.

REFERENCES

Accepted January 27, 1999.

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