Chronic Active Hepatitis and Lichen planus

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Abstract. A retrospective study on 62 patients affected by lichen planus revealed a prevalence of chronic active hepatitis in 13.5% of them.

Key words: Lichen planus; Chronic active hepatitis; Cirrhosis

Patients presenting with erosive lichen planus of oral mucosa have been reported as frequently having severe hepatic disease, usually with features of chronic active hepatitis (CAH) (1). In addition, 2 patients have been described as having erosive lichen planus along with penicillamine-treated primary biliary cirrhosis (2).

We have investigated 62 patients who had or still have non-erosive lichen planus and found that a high proportion of them had histological and haematological features of CAH.

MATERIAL AND METHODS

In the period 1965–80, 62 patients entered our Clinic for treatment of non-erosive lichen planus. Only 15 (24%) had some abnormalities in their blood tests for liver function. All 62 patients were summoned for reinvestigation by means of routine blood tests and liver biopsy. 37 patients responded and 18 did not. 7 patients had died in the meantime.

RESULTS

Of the 18 patients who did not respond, 5 (28%) had some abnormality in their liver tests; one of them had also liver cirrhosis, revealed by sonography.

Of the 37 respondents, 16 were found to have no abnormality whatsoever in their liver tests, while 15 had fewer than three tests impaired. Conversely, 6 patients had more than three abnormal tests and were referred for liver biopsy.

Liver histopathology revealed CAH in 5 cases (13.5%) (Table I). The hepatitis B surface antigen (HBsAg) was absent. CAH patients were therefore classified in the type A-C CAH subgroups, i.e. in the autoimmune HBsAg negative CAH (subgroup A) and in the crytogenic CAH with no pathogenetic indicators (subgroup C), according to the McKay classification (3).

The causes of death of the deceased patients were also investigated and in one case an ante-mortem bioptic diagnosis of CAH (14.3%) was found. Another patient had died of hepatic coma but necropsy had not been performed (Table II).

COMMENT

The global prevalence of chronic hepatitis/cirrhosis in the Central-Southern European population has been estimated as 0.25–0.5%, while that of types A-C CAH is as low as 0.1% (3). Even though a larger population should be screened, the occurrence of CAH in 13.5% of lichen planus patients is impressive.

Table I.

SGOT and SGPT = transaminases, AP = alkaline phosphatase, GT = gamma-glutamyl transpeptidase, ASM-ANA = Anti-smooth muscle—ANA, G = gammaglobulins, %

Pat.	Sex	Age	SGOT	SGPT	AP	GT	ASM-ANA	G	IgG	IgM	Histopathology
B. V.	m	26	87	240	150	52	–	22.5	2 300	175	CAH (modest)
C. F.	m	55	94	90	120	51	+	17.0	1 423	98	CAH, slight, steatosis, marked siderosis
F. F.	m	61	30	56	240	19	–	23.0	1 925	245	CAH, marked steatosis
L. C.	f	53	43	60	265	60	+	32.9	2 876	158	CAH
C.A.	f	65	144	183	250	71	+	22.5	2 334	95	CAH, initial cirrhosis
B. P.	m	44	45	67	94	73	–	17.9	2 130	210	Steatosis, slight portal infiltration

Tabel II.

Pat	Sex	Age	Causes of death
M. S.	m	57	Ictus cerebri
L. P.	m	70	Colonic cancer in ulcerative colitis
R. I.	f	70	Breast cancer, diabetes
F. D.	f	85	Heart failure
N. L.	f	88	Angiomyocardiac sclerosis, bladder cancer
G. M.	f	74	Hepatic coma
G. M.	f	61	Bronchopneumonia, heart failure, cirrhosis (ante-mortem bioptic CAH)

Table III. *Normal-values*

SGOT-SGPT	15–45 U/l
AP	70–210 U/l
GT	5–25 U/l
G	19–21%
IgG	800–1 500 mg%
IgM	80–170 mg%

Lichen planus is a chronic skin disease that has rarely been associated with internal disorders. Its association with CAH may be more than fortuitous, as both diseases share a similar histopathology reminiscent of graft-vs-host reaction and may have the same autoimmune pathogenesis.

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Balanitis circumscripta plasmacellularis: Case Report with Ultrastructural Study

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Abstract. A typical case of balanitis circumscripta plasmacellularis is described in a 74-year-old man. Electron microscopy revealed a dense infiltrate composed mainly of plasma cells and macrophages; the former showed considerable rough endoplasmic reticulum and phagolysosomes, while the latter contained variable amounts of sideromes. A few mast cells, eosinophils and extravasated erythrocytes were also present. Connective tissue was scarce; no elastic fibres and viral particles were seen.

Key words: Plasma cell; Rough endoplasmic reticulum; Phagolysosome; Macrophage; Siderome

Balanitis circumscripta plasmacellularis (BCP) is a rare disorder which generally consists of a single red, shiny, smooth patch (3, 9, 12). It can also involve the prepuce, the vulva, the oral mucosa and the conjunctiva, for which reason it has also been named "plasmocytosis circumorificialis" (1, 4, 6, 11). Clinically, BCP should be distinguished from the erythroplasia of Queyrat and other erythroplasiform lesions (3, 9, 12). BCP is brown-red, purplish, and shows irregular borders and telangiectases (3, 4, 5, 9).

The histological features are also characteristic (3, 8, 9): a band-like inflammatory infiltrate of the upper dermis, mainly plasmocytic, dilated capillaries, and deposits of hemosiderin. The presence of lymphoid follicles is rare (4, 5).

This report describes the ultrastructural findings of a typical case of BCP. To the best of our knowledge, this is the first electron microscopic study of this disorder.

CASE REPORT

A 74-year-old man was seen for a 4-year-old asymptomatic lesion on the glans penis. Physical examination revealed a red, shiny, smooth, sharply-defined 15 mm patch, localized on the left side of the external urinary meatus (Fig. 1). There was no inguinal lymphadenopathy; on the right side there was a hernia. Routine blood and urine