

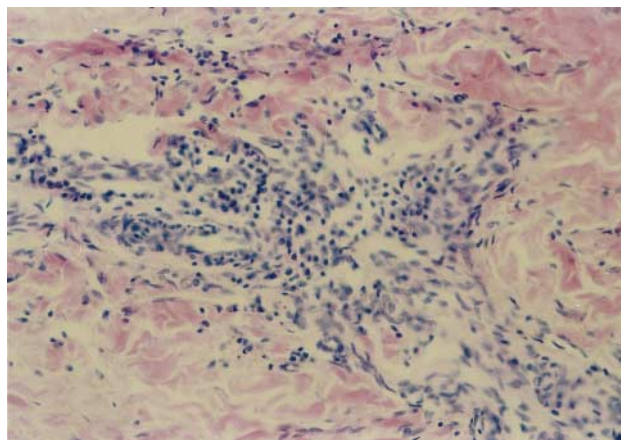


Fig. 4. Perivascular inflammatory mononuclear cell infiltration ($\times 200$, haematoxylin and eosin stain).

negative cases of juvenile classic KS. One of them had a family history in which the mother had a history of KS; the latter case had no family history (6).

In a literature review, we found only 2 reports of classic KS in childhood. We now add a further case to this list.

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Generalized Severe Lichen Planus Treated with Azathioprine

Sir,

For severe generalized lichen planus, systemic corticosteroids in high doses are effective, but they are likely to cause severe side-effects when the treatment is prolonged. In 2 patients azathioprine has been reported to be effective and safe (1). We describe here a case of generalized severe lichen planus that healed after 3 months' treatment with azathioprine.

CASE REPORT

A 38-year-old housewife presented with a 6-month history of severely itchy hyperpigmented violaceous papular lesions on her trunk, upper and lower extremities and scalp. The lesions had initially appeared on the abdomen and back and gradually increased to involve the other areas. New lesions were still appearing. She had no history of drug intake for any other problem. She did not have any constitutional or systemic symptoms.

Cutaneous examination revealed multiple, diffusely scattered, 2–5 mm diameter, flat-topped, violaceous, papular lesions on the abdomen, back, buttocks, upper and lower extremities and scalp. The oral mucosa had whitish, irregular plaques in a lacy pattern involving the buccal mucosa. There were no other lesions in the oral cavity. The genital and anal mucosae were normal. The fingernails had dark brown longitudinal striations, but the toenails were normal. The palms, soles and other body sites were not involved. Examination of other systems was unremarkable. Biopsy from a skin lesion revealed irregularly acanthotic epidermis, degeneration of basal cell layer and band-like infiltrate of lymphocytes in the upper dermis. The histopathological features were consistent with lichen planus. Routine

haematological, renal and liver functions tests, urine and stool examination and chest X-ray were within normal limits.

The patient was initially treated with betamethasone, 2 mg daily orally, for a period of 1 month, but this did not control the disease. Moreover, new lesions continued to appear, although there was some improvement in itching. Subsequently she was treated with azathioprine, 50 mg twice daily orally. After 1 month of this treatment she had 50% flattening of all the lesions and no new lesions were noticed during this period. Her itching also improved by 75%. In another month the lesions flattened by 80% and the itching disappeared completely. At the end of 3 months of therapy all the lesions had completely subsided, with dark brown macular pigmentation of the skin lesions and slate grey pigmentation of the mucosal lesions. Haematological, renal and liver function tests repeated every month in order to monitor the toxicity of the drug were normal and she had no other side-effects of the therapy. She had no relapse of the disease during the 1-year follow-up period.

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