

- unusual type: report of two cases without radiologically demonstrable lung involvement. *Clin Exp Dermatol* 1978; 3: 299–306.
6. Kanaar P, Schweizer AT. Extensive micropapular sarcoidosis with joint manifestations in a child. *Acta Derm Venereol (Stockh)* 1966; 46: 317–323.
 7. Rasmussen JE, Arbor A. Sarcoidosis in young children. *J Am Acad Dermatol* 1981; 5: 566–569.
 8. Bruyneel-Rapp F, Mallory SB. Diffuse papular eruption with swelling of joints in a preschooler. *Arch Dermatol* 1991; 127: 1049–1054.

Accepted December 3, 1997.

Yi-Hua Liao, Hsien-Ching Chiu and Guang-Hsiang Hsiao
Department of Dermatology, National Taiwan University Hospital,
No. 7, Chung-Shan South Road, Taipei.

“Zosteriform” Lichen Planus: the Bizarre Consequences of a Misnomer

Sir,

Our dermatological nomenclature does not always reflect reality but, conversely, may sometimes create in our brain a world that does not exist. A bizarre example is “zosteriform lichen planus”, as described by Lutz et al. (1) in two patients with linear lichen planus. Although photographic documentation of one of these cases clearly shows that the arrangement of the disorder is not dermatomal but follows the lines of Blaschko, the mere term “zosteriform” makes the authors believe that the arrangement is indeed zosteriform, and that a search for varicella-zoster virus in the affected skin is a reasonable approach. Other authors similarly fixated with the erroneous term “zosteriform lichen planus” have likewise discussed the possibility of a Köbner phenomenon after herpes zoster infection (2–4).

It should be noted, however, that linear lichen planus virtually never shows a dermatomal arrangement but follows the lines of Blaschko (5). Compared to this disease, cases of true zosteriform lichen planus are extremely rare, and only such exceptional cases may be explained as a Köbner phenomenon induced by a preceding zoster eruption (6).

In conclusion, the arrangement of linear lichen planus is usually non-zosteriform, and the term “zosteriform” should be jettisoned from the description of such cases.

REFERENCES

1. Lutz ME, Perniciaro C, Lim KK. Zosteriform lichen planus without evidence of herpes simplex virus or varicella-zoster virus by polymerase chain reaction: report of two cases. *Acta Derm Venereol (Stockh)* 1997; 77: 491–492.
2. Davis MI. Zosteriform lichen planus. *Arch Dermatol Syphilol* 1938; 38: 615–618.
3. Harder MK, Kasha EE. Pruritic zosteriform eruption: zosteriform lichen planus. *Arch Dermatol* 1990; 126: 665–668.
4. Fink-Puches R, Hofmann-Wellenhof R, Smolle J. Zosteriform lichen planus. *Dermatology* 1996; 192: 375–377.
5. Happle R. “Zosteriform” lichen planus: Is it zosteriform? *Dermatology* 1996; 192: 385–386.
6. Strick S, Hyman AB. Lichen planus in the site of a previous zoster eruption. *Arch Dermatol* 1961; 144: 509–510.

Accepted December 22, 1997.

Rudolf Happle
Department of Dermatology, Philipp University of Marburg, Deutschhausstrasse 9, DE-35033 Marburg, Germany.

Reply to the Letter by Happle

Sir,

We appreciate the comments of Dr. Happle. Despite Dr. Happle’s crusade, the term “zosteriform” lichen planus is firmly entrenched in the dermatologic literature and is not likely to disappear promptly. Irregardless of nosology, the unilateral/linear/Blaschko variant of lichen planus does not contain varicella or herpes simplex viral DNA, as our study demonstrated.

Charles Perniciaro, M.D.¹, Michael E. Lutz, M.D.² and Katherine K. Lim, M.D.³
Departments of Dermatology, ¹Mayo Clinic Jacksonville, Jacksonville, Florida, ²Mayo Clinic Rochester, Rochester, Minnesota and ³Mayo Clinic Scottsdale, Scottsdale, Arizona.