

## REFERENCES

1. Waersted A, Anderson KE, Hart Hansen JP. Angioendotheliosarcoma of the nose—a case report. *Acta Derm Venereol (Stockh)* 1984; 64: 88–90.
2. Wilson Jones E. Malignant vascular tumours. *Clin Exp Dermatol* 1976; 1: 287–312.

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## Lichen planus and the Liver

Sir,

We read with great interest the short report by Mobacken et al. (1) denying the high prevalence of liver disease we found in lichen planus (LP) (2, 3).

Even though definitely lower than ours, their figures (2% of primary biliary cirrhosis and 2% of cryptogenic cirrhosis) are much higher than expected in the population at large. We do not have figures for Sweden, but in Northern Europe chronic hepatitis/liver cirrhosis accounts for 0.13–0.14% of population (4).

In any case, their lower percentage may depend on their different procedure of investigation. In fact, we re-investigated patients in whom the diagnosis of LP had been made years before and found that active chronic hepatitis (CAH) (not advanced cirrhosis) had developed in time periods ranging between 8 to 180 months from the LP diagnosis. Mobacken et al., by contrast, studied the *actual* condition of freshly diagnosed LP patients. We do not know what will happen to their patients in the future, especially because the nature of the “minor aberrations” in the liver tests of 4 of them was not seriously investigated.

It is easier (and better) to diagnose CAH by liver biopsy in early stages, which are often marked by “minor aberrations” of liver tests, than in later stages when a “cryptogenic cirrhosis” has already developed.

Possibly due to the high prevalence of HBV infection in Italy, there was in our LP patients higher probability to develop CAH than in LP patients in Northern Europe where, for genetic reasons perhaps, primary biliary cirrhosis is more frequent.

## REFERENCES

1. Mobacken H, Nilsson L-A, Olsson R, Sloberg K. Incidence of liver disease in chronic lichen planus of the mouth. *Acta Derm Venereol (Stockh)* 1984; 64: 70–73.
2. Rebora A, Rongioletti F, Canepa A. Chronic active hepatitis and lichen planus. *Acta Derm Venereol (Stockh)* 1982; 62: 351–352.
3. Rebora A, Rongioletti F. Lichen planus and chronic active hepatitis. A retrospective study. *Acta Derm Venereol (Stockh)* 1984; 64: 52–56.
4. MacKay IR. Chronic hepatitis disease: prevalence postulates and prevention. In: Bartoli E, Chiandussi L, Sherlock S, eds. *Systemic effects of HbsAg immune complexes*. Padova, Piccin, 1981: 300–308.

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