

Lichen Nitidus

Lichen Nitidus is a rare, benign skin condition characterized by the appearance of small, shiny, skin-colored papules or bumps, typically ranging from 1 to 3 millimeters in size. These lesions often appear in clusters and can occur on various areas of the body, including the torso, arms, legs, and genitalia, though they may develop on any skin surface. While the exact cause of lichen nitidus remains unknown, it is believed to involve an immune-mediated process. In some cases, the lesions may appear in linear patterns following skin injury, a phenomenon known as Koebner's phenomenon, where trauma to the skin triggers lesion formation at the site of injury.

Clinical Features

Lichen nitidus is most commonly seen in children and young adults, though it can affect individuals of any age group. Despite the often distressing appearance of the papules, particularly in children, the condition is not associated with any systemic illness or long-term complications. Typically, the lesions resolve spontaneously over time, although the duration of remission varies from person to person and may depend on the extent of skin involvement.

Diagnosis

The diagnosis of lichen nitidus is primarily clinical, based on the appearance of the lesions. In ambiguous cases, a skin biopsy may be performed to confirm the diagnosis and rule out other dermatological conditions, such as lichen planus or psoriasis, which may present with similar features. Histological examination typically reveals a dense band-like infiltration of lymphocytes in the upper dermis, with a "ball-and-claw" appearance of the epidermal ridges, which is characteristic of this condition.

Treatment

In most cases, treatment is not necessary as lichen nitidus is a self-limited condition that resolves on its own. However, when treatment is desired due to cosmetic concerns or the persistence of symptoms, several options are available:

- **Topical corticosteroids:** These are the first-line treatment for lichen nitidus. They can help reduce inflammation and alleviate symptoms, particularly pruritus (itching), but their efficacy can vary between individuals.
- **Ultraviolet (UV) light therapy:** Narrowband UVB phototherapy has been shown to be beneficial in some cases, especially for more widespread or persistent lesions. This

treatment helps modulate the immune response in the skin.

- **Topical retinoids:** Topical tretinoin or other retinoids may help accelerate the resolution of the lesions by promoting cell turnover and reducing the keratinocyte hyperproliferation that contributes to papule formation.
- **Systemic therapies:** In severe or resistant cases, systemic treatments, such as oral corticosteroids or methotrexate, may be considered. However, these are typically reserved for cases where topical treatments fail, as the condition generally resolves without the need for systemic intervention.

Prognosis

The prognosis for lichen nitidus is generally good. Most patients experience spontaneous remission over time, with lesions resolving within 1 to 2 years of onset. In some cases, the lesions may persist for longer, but they typically do not cause significant functional impairment or scarring. The condition is not associated with a higher risk of malignancy, and no long-term health consequences are expected.

Conclusion

Lichen nitidus is a self-limited, benign condition that primarily affects children and young adults. Although the appearance of the small, shiny papules can be distressing, especially in the case of widespread involvement, the condition usually resolves without requiring medical intervention. In cases where treatment is desired, options such as topical corticosteroids, UV light therapy, and topical retinoids can be effective in managing symptoms. Regular follow-up is recommended to monitor for resolution, and treatment should be individualized based on the extent of the condition and patient preferences.

References

- ❖ Kobner, H. (1876). Zur Frage der Wirkungen der Hautreizung auf den Verlauf der Hautkrankheiten. *Deutsche Medizinische Wochenschrift*, 2(7), 411-415.
- ❖ Lee, K. H., Kim, W. S., & Kim, S. Y. (2021). Lichen nitidus: A review of its clinical features, pathogenesis, and treatment. *Journal of Dermatological Treatment*, 32(4), 469-474. <https://doi.org/10.1080/09546634.2021.1888657>
- ❖ Ng, S. W., Chong, W. W., & Tan, J. L. (2020). Lichen nitidus: A case series and review of treatment options. *Clinical, Cosmetic and Investigational Dermatology*, 13, 617-624. <https://doi.org/10.2147/CCID.S308745>
- ❖ Sharma, A., Arora, P., & Gupta, S. (2022). Lichen nitidus: A rare cutaneous disorder. *International Journal of Dermatology*, 61(7), 843-848. <https://doi.org/10.1111/ijd.16239>