

## Atypical Bullous Lichen Planus in Palate

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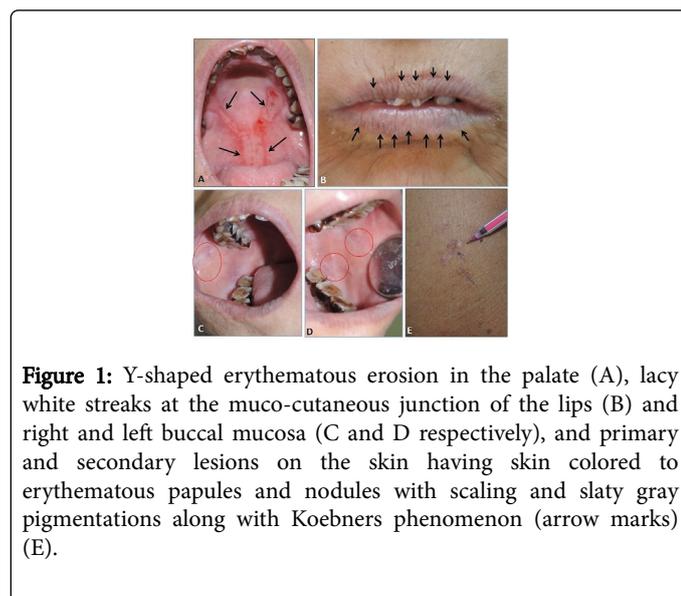
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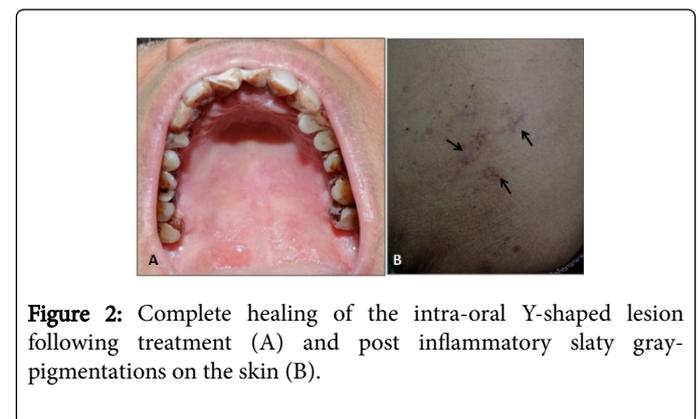
### Case Blog

A 60-year old woman presented to dental OPD, All India Institute of Medical Sciences, Bhubaneswar, on 18.12.2014 with complaint of burning sensation to spicy food and a non-healing ulcer in the mouth for 1 year. Initially she developed vesicles in the palate which ruptured to give rise of ulcer. She developed itching on the skin few months after the development of oral symptoms without vesicle formation. On intra-oral examination, there was Y-shaped erythematous erosion in the palate (Figure 1).



**Figure 1:** Y-shaped erythematous erosion in the palate (A), lacy white streaks at the muco-cutaneous junction of the lips (B) and right and left buccal mucosa (C and D respectively), and primary and secondary lesions on the skin having skin colored to erythematous papules and nodules with scaling and slaty gray pigmentations along with Koebners phenomenon (arrow marks) (E).

She had diffuse typical fine, lacy white streaks at the muco-cutaneous junction of the lips and cheeks (Figure 1). There were papules and nodules with scaling and slaty-gray pigmentations along with Koebners phenomenon on the skin (Figure 1). Based on the intra-oral and skin lesions, erosive oral lichen planus was diagnosed. Prednisolone 20 mg once daily and topical Tiamcinolone acetonide IP 0.1% w/w oral paste application thrice daily for 2 months healed the intra-oral lesion completely and reduced the oral and dermatological symptoms partially (Figure 2).



**Figure 2:** Complete healing of the intra-oral Y-shaped lesion following treatment (A) and post inflammatory slaty gray-pigmentations on the skin (B).