ABSTRACT
Case history: A 76-year-old-man with longstanding vitiligo and a 5 year history of an itchy rash over the umbilicus. He had a 1x1 cm red, scaly, asymmetrical patch within a well demarcated, depigmented macule of vitiligo. A biopsy revealed lichen planus.

Discussion:
Colocalization between LP and vitiligo is very rare. Even though the causal link has not been established a number of theories have been proposed. Different clinical patterns of association have been described. These include LP affecting vitiliginous areas alone, LP presenting as a rim surrounding vitiliginous areas, and LP affecting both normal and vitiliginous skin. Since LP is more frequently encountered in the sun-exposed areas of depigmented skin, the cellular changes caused by photodamage could be the driving force that promotes the development of LP in vitiliginous skin. Alternatively, since both LP and vitiligo are common conditions their association could be coincidental. On the other hand, one theory suggests that vitiliginous patches may offer protection against lichenoid transformation. At present, there is insufficient evidence to resolve the debate. It seems to us that the association between LP and vitiligo is more than coincidental but multifactorial in its pathogenesis.

REFERENCES

CASE HISTORY
A 76-year-old retired plumber presented with a 5 year history of an red, scaly, itchy, asymmetrical patch located at the umbilicus. He also had a solitary red, itchy papule of the glans penis present for over 3 years (Figure 1). He gave a 30 year history of generalized vitiligo. He also had a solitary red, itchy papule of the glans penis present for over 3 years (Figure 2).

Bowen’s disease was suspected and a 4 mm punch biopsy of the lesion on the umbilicus was performed.

Histology showed a band-like chronic inflammatory infiltrate in the superficial dermis with degeneration of basal keratinocytes and Civatte bodies. The features were those of lichenoid interface dermatitis, favouring a diagnosis of lichen planus.

He was prescribed clobetasol propionate ointment which he applied once daily for 4 weeks to both the umbilicus and glans. Both lesions completely resolved leaving only mild telangiectatic change over the umbilicus.

DISCUSSION
• Colocalization of lichen planus (LP) and vitiligo has only occasionally been reported in the literature. A number of different patterns of association have been recognized. These include:
  1. LP solely affecting various vitiliginous areas of the body, and sparing all other regions.
  2. LP affecting both normally pigmented and depigmented skin.
  3. LP being more severe on sun-exposed, rather than on covered vitiliginous areas.

• The fact that both LP and vitiligo are common, each affecting 1–2% of the general population, may mean that their association is merely a coincidence and may not represent any mutual interrelationship. On the other hand, a number of publications suggest that a causal link must be present since similar immunological mechanisms are shared by both conditions.

• One theory holds that sun-exposed depigmented areas play an important part in the initiation of LP that then extends to involve normal skin. According to this theory, in vitiligo-affected patients LP is more likely to be encountered in abnormally pigmented skin, and in sun exposed areas. To support this further, it has been well documented that PUVA-induced lichenoid changes can occur in vitiliginous skin.

• Another theory is based on the evident manifestation of the Koebner phenomenon in LP; It has been proposed that cellular injury in vitiligo-affected skin, augmented by the effects of solar damage, modifies the mechanisms responsible for the Koebner phenomenon, resulting in LP on sun exposed skin.

• Yet another conjecture is that long-standing vitiligo alters the expression of antigens identified by effector T cells in LP, thus leading to the pathophenotype of LP.

• The literature also contains cases that contradict the above theories, suggesting that changes in vitiliginous skin may actually be protective against lichenoid transformation.

LEARNING POINTS
• The colocalization between LP and vitiligo is an infrequent phenomenon, only rarely reported in the literature.

• Many theories have been proposed to explain the underlying pathophysiology. The most popular being the actinic damage theory.

• Currently, there is insufficient evidence to resolve the uncertainties. It seems that the association is more than coincidental, but none of the above theories can sufficiently account for it.