**LEARNING OBJECTIVE**
To highlight this rare variant of lichen planus as a differential diagnosis of intertriginous hyperpigmentation

**HISTORY**
- 50 year old Caucasian female
- 4-month history of asymptomatic hyperpigmentation along skin creases of neck, right axilla and groins
- No preceding trigger factors
- No other relevant medical or drug history

**CLINICAL PRESENTATION**
- Well-demarcated hyperpigmented macules and patches along neck, right axilla and groins (see Fig. 1)
- Skin examination otherwise unremarkable, with notably absent mucous membrane or nail involvement

**INVESTIGATION**
Punch biopsies were obtained from affected areas on the patient’s neck and right groin (see Fig. 2)

** DIAGNOSIS**
Lichen Planus Pigmentosus Inversus (LPPI)

**EPIDEMIOLOGY AND PATHOGENESIS**
- Only about 20 cases reported in the literature so far
- Association with Hepatitis C infection has been suggested
- Most reported cases had no relevant medical or drug history
- Exact cause remains unknown, but postulated to be secondary to T-lymphocyte-mediated cytotoxic activity against basal keratinocytes

<table>
<thead>
<tr>
<th><strong>CLINICAL FINDINGS</strong></th>
<th><strong>HISTOLOGICAL FINDINGS</strong></th>
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<td>- Brown or violaceous, smooth macules and patches up to a few centimeters affecting the intertriginous regions</td>
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<td>- Larger lesions usually adopt linear or annular configuration which follow body creases</td>
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<td>- Mostly asymptomatic, but occasionally associated with mild pruritus</td>
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<td>- Skin lesions of classic LP infrequently found</td>
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<td>- Sparing of the scalp, mucosal membranes and nails</td>
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<td>- Lichenoid inflammation</td>
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<td>- Areas (in superficial dermis) of regression</td>
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<td>- Melanophagia and prominent pigmentary incontinence</td>
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**DISCUSSION**

**PROPOSED TREATMENT AND PROGNOSIS**
- Benign condition with cases of spontaneous regression observed
- Disease can remain active for many years
- Success rates of treatment with topical calcineurin inhibitors and high potency topical corticosteroids limited
- One reported case treated with oral prednisolone 20mg once daily for a month with no clinical benefit
- Reassurance may be all that is necessary in stable and non-progressive disease
- If symptomatic or distressing to patients, topical agents e.g. calcineurin inhibitors may be considered initially

**CLINICAL COURSE OF PATIENT**
- Received treatment with 8-week course of topical 0.1% tacrolimus ointment
- No apparent clinical improvement noted on follow-up review
- Patient subsequently decided to hold off further treatment as presently not of significant clinical concern

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**Fig. 1.** Hyperpigmented macules and patches present at a) neck creases, b) right axilla, c) right groin, d) left groin.

**Fig. 2.** Skin biopsy showing basal vacuolar change, colloid bodies, moderate lichenoid inflammation and pigment incontinence (haematoxylin and eosin, original magnification × 20).