Colocalization of vitiligo and lichen planus in a patient with autoimmune thyroiditis

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SUMMARY

**A case of a 63 years old woman with autoimmune thyroiditis and the presence of papules of lichen planus strictly within pre-existing depigmented areas of vitiligo is described.
To the art of our knowledge there are no case like this previously published in the literature.**

KEY WORDS

thyroiditis, vitiligo, lichen planus, colocalization

Vitiligo and lichen planus (LP) are two immune-related diseases reported in association with processes mediated by altered immunoregulation or with disorders of autoimmune origin (1,2,3,4,5,6,7,8).

The coexistence of vitiligo and LP is also described with (9,10,11,12,13,14,15) or without (10,11,16,17,18,19) the presence of other autoimmune diseases, but the studies of large series of patients have not yet provided evidence of an association of LP with vitiligo (20,21).

We describe a case of a patient affected by vitiligo, lichen planus and autoimmune thyroiditis.

Case report

A 63 years old Caucasian woman was admitted to the clinic due to the presence of purplish, itchy, polygonal papules which had appeared 1 year previously strictly within pre-existing depigmented areas of vitiligo. The patient had suffered from vitiligo for 25 years and had never been treated. Furthermore, the patient had a 3-year history of autoimmune thyroiditis and for this reason she had been treated with thyroxin sodium (Eutirox^{R}, Bracco). The papules were situated on the face, arms, hands, lower legs and feet. A biopsy of one papule was performed and the histological examination revealed the diagnosis of lichen planus (LP). Characteristically, the papules of LP were confined to the areas of vitiligo, and no papules of LP were observed in non vitiligineous skin.

Discussion

To our knowledge, this is the first case of colocalization of LP and vitiligo associated with autoimmune thyroiditis. One case of LP in areas of vitiligo has been reported by Anstey (16), but in that case the thyropathy was not associated. Anstey and Marks suggested that the colocalization of LP and vitiligo is determined by the fact that both condition are lymphocyte mediated. In contrast Porten et al. speculated that coexistence of LP and vitiligo is a coincidence as an autoimmune pathogenesis in LP has not bween proved.

In conclusion, we report the first the association of vitiligo, LP and autoimmune thyroiditis; if this association is the result of a common underlying pathogenesis, it remains to be elucidated. Lastly there are no data in the literature indicating that the drugs used by a patient for the treatment of thyropathy may be involved in the development of LP.

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