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Abstract N°: 1751

Roflumilast in aphthosis spectrum. Spanish multicentre case series.

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Introduction & Objectives:

Aphthosis (oral, genital or bipolar) is a common pathology which, when associated with a large number of lesions or annual episodes, can lead to high morbidity, with great impact on quality of life. This presentation can follow a spectrum, with recurrent oral aphthosis at the mildest end and Behçet's disease (BD) at the opposite end, with or without ocular, vascular or nerve involvement.

When aphthosis is associated with Behçet's disease, the treatment of first choice is usually colchicine, with or without topical steroids. In these cases, another option is apremilast, an oral phosphodiesterase-4 inhibitor, approved in 2020 by the European Medicines Agency for the treatment of aphthosis linked to BD. Azathioprine, sulphonamides, anti-TNFa drugs (etanercept, infliximab and adalimumab) or cyclosporine are alternatives.

However, when the disease is idiopathic or does not meet the criteria for Behçet's disease, even if it is disabling, therapy is usually based on the use of mouthwashes, and the therapeutic effort may be limited by the risk of adverse effects - benefit or economic aspects.

Roflumilast is a once-daily oral PDE4 inhibitor approved for use in chronic obstructive pulmonary disease since 2010 by the EMA. Its mechanism of action similar to apremilast, as well as its effectiveness profile, adverse effects and much lower price are driving an exponential increase in the number of reports in dermatology in recent months.

The aim of this study is to collect and analyse patients with oral or bipolar aphthosis, whether or not associated with Behçet's disease, who receive or have received treatment with roflumilast in routine clinical practice, in order to provide information on the efficacy and safety of the treatment in this population group.

Materials & Methods:

Ambispective follow-up study of patients treated with roflumilast for their oral or bipolar aphthosis, whether or not associated with Behçet's disease. Patients were followed as per current clinical practice. Number of outbreaks per month, number of oral and/or genital thrush outbreaks per outbreak, duration of outbreak and numeric scale rate of pain in each outbreak were assessed at baseline, at week 4, week 16, and week 24. Safety information was reported.

Results:

We present a series of patients with oral or bipolar aphthosis treated with roflumilast in routine clinical practice conditions. All patients showed a improvement in aphthosis parameters, with good tolerability with mild or absent adverse effects.

Conclusion:

Roflumilast seems a promising drug for the treatment of oral or genital aphthosis, whether associated with

Behçet’s disease or not.

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Abstract N°: 1772

Knowledge and attitudes of dentists in the management of oral ulcers

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Introduction & Objectives:

Aphthae are a benign form of ulceration but they can be very bothersome. Recurrent oral aphthous stomatitis (ROAS) is a condition that can reveal a serious pathology. The objective of our study is to evaluate the attitudes of dentists (D) in the management of oral aphthae.

Materials & Methods:

This is a descriptive cross-sectional study conducted in June 2022 through a questionnaire of 18 questions, containing information on dentists and their knowledge of the management of oral aphthae (OA)

Results:

We collected data from 69 dentists, with a mean age of 42.5 years. All dentists worked in the private sector with a duration of practice of more than 15 years for 56% and between 1 and 5 years for 30%, of whom 91.3% manage OA. The latter represent between 0 and 20% of all consultations in 65.2% of cases. The age group most often affected is between 30 and 50 years in 39% of cases and between 16 and 30 years in 35% of cases with a predominance of females. Positive diagnosis was only difficult in 30.4% of cases, but 100% of dentists can differentiate an aphthae from an erosion. The reasons why they refer patients to a dermatologist are diverse: resistant forms 50%, recurrent aphthae 36.4%, multiple aphthae 31.8%, other associated signs 40.9%, but they never do so immediately. As for favoring factors, 81% of dentists know the main ones (genetic, stress, dietary, medication, traumatic). In case of ROAS, a search for pathologies is often requested in 8% of cases, rarely in 30.5% of cases, never in 17.4%, and only in case of recurrent or resistant aphthae in 39% of cases. Regarding treatment, 73.9% of dentists administer local treatment alone and 26.1% associate oral treatment. The most prescribed local treatments were antiseptics 68.2%, analgesics 13.6%, corticosteroids 13.6%, and antibiotics 1%. The most prescribed systemic treatments were corticosteroids 73% and colchicine 26%.

Conclusion:

OA are lesions often encountered by dentists and represent a common reason for consultation, which is consistent with the results of our study. This study finds a diagnostic difficulty of these OA by dentists in 30%, which is a significant percentage and which could be the cause of erroneous management. Favoring factors are numerous and should be systematically searched for (trauma, vitamin deficiencies, hormonal, dietary…). In the presence of recurrent and prolonged aphthae, a minimal assessment should be performed to search for the main pathologies that may be associated (Behçet's disease, celiac disease, Crohn's disease…). The dentist could thus direct these patients to their treating physicians or gastroenterologists to diagnose a possible celiac disease. The treatment is based first on the elimination of favoring factors and local treatments (analgesics, corticosteroids…) by limiting the use of antiseptics to preserve the bacterial flora. Systemic treatments should be prescribed as a second line, notably colchicine which has fewer side effects than corticosteroids and thalidomide. Our study thus shows an

appropriate management of OA by dentists in terms of treatment but also in terms of specialist referral. Indeed, the vast majority refer these patients only in resistant forms, recurrent forms, and those associated with other signs.

This study highlights the importance of good management and knowledge of oral ulcers not only by general practitioners and dermatologists, but also by dentists.

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Abstract N°: 1808

Knowledge and difficulties of general practitioner in the management of oral aphthae

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Introduction & Objectives:

Aphthae are a benign form of ulceration, but they can be very bothersome. Recurrent aphthous stomatitis (RAS) is a condition that can reveal a serious underlying pathology. The objective of our study is to evaluate the knowledge of general practitioners (GPs) in the management of oral aphthae.

Materials & Methods:

This is a descriptive cross-sectional study conducted in May 2022 through a questionnaire of 18 questions, containing information about GPs and their knowledge of the management of oral aphthae.

Results:

We collected data from 104 GPs, with a mean age of 30.9 years. Nearly half of them worked in the private sector with more than 5 years of experience for 59.6%. Regarding aphthae, 100% manage them, and this reason represents between 0 and 20% of all consultations in 67.3% of cases. The age group most often affected is between 16 and 30 years in 71% of cases, with a predominance of females. The positive diagnosis was a difficulty in only 13.5% of cases, but only 27.8% know how to differentiate an aphthae from an erosion. The reasons for referring patients to a dermatologist are various: resistant forms 88.5%, recurrent aphthae 77.8%, multiple aphthae 39.4%, other signs 69% or immediately 13.5%. As for the predisposing factors, 37.5% of GPs know the main ones (genetic, stress, dietary, medication, traumatic). In case of RAS, a search for underlying pathologies is systematically requested by 3.8% of physicians, often in 14.4% of cases, rarely in 47.2% of cases, and never in 34.6%. Regarding treatment, 85.6% of physicians administer local treatment, 10.6% systemic treatment, and 3.8% a combination of both. The most prescribed local treatments were antiseptics 82.7%, analgesics 10.6%, corticosteroids 4.8%, and antibiotics 1.9%. The most prescribed systemic treatments were corticosteroids 64.4%, antibiotics 21.2%, colchicine 13.5%, and only one GP has treated RAS with thalidomide

Conclusion:

Oral ulcers are a common reason for consultation. They are often wrongly qualified as aphthae because it is often difficult to distinguish an ulceration from an erosion. Predisposing factors are numerous and must be systematically searched for (trauma, vitamin deficiencies, hormonal, dietary, etc.). In case of recurrent and prolonged aphthae, a minimal assessment must be carried out to search for the main pathologies that may be associated (Behçet's disease, celiac disease, Crohn's disease, etc.). Treatment is based first on the elimination of predisposing factors and local treatments (analgesics, corticosteroids, etc.) while limiting the use of antiseptics to preserve the bacterial flora. Systemic treatments should be prescribed as a second line of treatment, especially colchicine, which has fewer side effects than corticosteroids and thalidomide.

This study highlights the need for continuous training of GPs in oral pathologies, particularly in RAS.

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Abstract N°: 2020

Prevalence of Genital lichen planus: a preliminary descriptive study of 282 patients

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Introduction & Objectives: Lichen planus (LP) is a chronic inflammatory disease manifesting on the skin and mucous layers, including the genitals, oral cavity, bladder, anus, eyes, nose, esophagus. Genital lesions in LP are considered relatively rare. However, our own experience and analysis of the publications indicate that the incidence of genital lichen planus (GLP), especially in combination with oral mucosal lesions, is underestimated. In patients, the anogenital area is not always examined, LP lesions on genitals and oral mucosa can be sparse and asymptomatic, and with the overlay of secondary infection, they can hide under the mask of a background disease. Thus, patients with vulvo-gingival syndrome may be treated separately with a diagnosis of vulvitis and/or vaginitis by a gynecologist and with oral mucosal lesions by a dermatologist or dentist, without linking these conditions, which leads to an extended period from the onset of symptoms to the establishment of the diagnosis. Whereas, in the absence of adequate treatment, the disease progresses, complications appear, reducing the quality of life of patients. Thus, the variety of LP forms and clinical symptoms, close relation between GLP and oral lichen planus (OLP) dictate the necessity to examine the whole skin, including external genitalia, vaginal mucosa and oral cavity. The aim of the study: To conduct a retrospective analysis of a database of medical records of outpatients with LP.

Materials & Methods: case histories of 282 patients with LP who had consulted the “Office for Oral Mucosa and Lip Mucosa Diseases” in 2022 were analyzed. Statistical analysis was performed using Jamovi 1.6.23 software.

Results: age of patients with LP from 22 to 75 years (mean age 59.3±15.6 years, duration of disease 4.3 years), sex distribution: 187 females and 95 males. The following LP localizations were found to be the most common: oral – 44.68% (n=126), cutaneous – 26.95% (n=76), cutaneous + oral – 16.31% (n=46), oral + genital – 3.90% (n=11), oral + genital + cutaneous – 3.19% (n=9), genital – 3.19% (n=9), cutaneous + genital – 1.42% (n=4), genital + nail – 0.35% (n=1). Thus, genital lesions were detected in 12.06% (n=34) of the patients.

Conclusion: this analysis was performed taking into account the absence of active detection of various lesions with red squamous lichen. The fact that 34 patients had genital lesions in the analysis highlights the need for careful examination, history taking, and multidisciplinary approaches to this disease. The authors plan to conduct a study to evaluate the relationship between OLP and GLP.

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Abstract N°: 2288

Vulvar involvement in patients with bullous pemphigus

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Introduction:

The vulva,** like the rest of the skin, can be affected by numerous diseases of various etiologies. They can appear in isolation or as part of a generalized skin picture. Pemphigus vulgaris, an autoimmune bullous dermatosis, commonly affects the mucous membranes including the vulva. Its assessment is important in the evaluation of the disease.

Materials & Methods:

Retrospective descriptive study of women with pemphigus vulgaris confirmed by histological and immunofluorescence study attended at the Dermatology Service of a tertiary Hospital in the last 10 years, from January 1st, 2013 to January 31st, 2023.

Results:

We describe the cases of women evaluated in the dermatology consultation of our hospital with pemphigus and vulvar involvement. A total of 26 patients were diagnosed with pemphigus vulgaris, 16 of which were women (61.53%). The mean age at diagnosis was 53.31 years. Of the 16 women assessed, 50% had vulvar involvement. None of them had exclusive vulvar involvement. 87.5% had initial involvement of the oral mucosa.

Conclusion:

Pemphigus vulgaris, an autoimmune bullous disease of the skin and mucous membranes, can have manifestations on the vulva. Its prevalence is unknown, but it is estimated that it can appear in more than half of women with this disease. It usually appears in the form of painful irregularly-shaped erosions of variable size. The identification and management of vulvar lesions is important. Sometimes a complete gynecological examination is recommended to rule out involvement of the vagina and cervix. In case of exclusive genital involvement or atypical manifestations, histological study is important to rule out other entities.

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Abstract N°: 3436

The Top 100 most cited publications in vulval lichen sclerosus, an analysis of the literature.

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Introduction & Objectives:

The objective of this study was to examine the top 100 most cited publications relating to vulval lichen sclerosis.

Materials & Methods:

The Web of Science was used as the search platform. The search terms used were “vulval lichen sclerosus” or “lichen sclerosus” or “lichen sclerosus et atrophicus”.

Results:

3,175 search results were returned. Results were screened by two independent authors for suitability of inclusion. The citation number for the top 100 most cited publications ranged from 379 - 41 (mean =85). The most cited article was a seminar paper by J J Powell and F Wojnarowska titled “Lichen Sclerosus” published in The Lancet in 1999.

The date of publication ranged from the year 1957 - 2018. 37 publications on the list were published between 1957-1999, and 63 since 2000. 45 journals contributed to the list. *The British Journal of Dermatology* was the most frequently cited journal accounting for 15 publications and a total of 1393 citations, followed by the *Journal of American Academy of Dermatologists* (8 articles, 740 citations). The publications were from 22 different countries - England (38 publications), USA (19 publications) and Germany accounted for the most cited European publications (14). Wojnarowska F was identified as the most prolific author with 18 publications in the top 100 list and a total of 2126 citations. 75 papers were focused exclusively on vulval lichen sclerosus and 9 publications focused on lichen sclerosus in the paediatric population. Research areas were predominantly in dermatology (54) and obstetrics and gynaecology (23) followed by general internal medicine (9) and pathology (7).

Conclusion:

This analysis provides a detailed examination of the evolution of the literature on vulval lichen sclerosus, the culmination of a global effort over decades. By examining high impact publications in the field we can reflect on lessons learned and identify areas of need for future research.

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Abstract N°: 3543

Melanocytic lesions in anogenital area in adolescent girls - case series

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Introduction & Objectives:

Melanocytic nevi and melanosis of the anogenital area in adolescents are a huge diagnostic and therapeutic challenge. Visual evaluation (dermoscopy and confocal microscopy) and it is interpretation is difficult due to the location of the lesions, age of the patient, as well as the rarity and lack of always unambiguous histological image. Currently, there are no unified algorithms for diagnostic and therapeutic management of pigmented lesions in anogenital area, which makes proper management very difficult.

Materials & Methods:

We present the cases of three female patients with melanocytic lesions of genital area who underwent dermoscopy, videodermoscopy, confocal microscopy (RCM) and, in the case of two patients, surgical excision with histopathology examination.

Results:

In one case, due to the atypical image of the RCM, it was decided to perform excisional biopsy, and the histopathological examination showed a compound melanocytic nevus. In the second patient, videodermoscopic supervision was implemented due to dermoscopic features of benign melanosis of the vulva, and in the third case melanoma was suspected based on the videodermatocopic and RCM images and diagnostic biopsy was performed suggesting melanoma, but after incisional biopsy and an histopathology analysis diagnosis was re-assessed as an atypical Spitz nevus or MELTUMP.

Conclusion:

Currently, there are no diagnostic and therapeutic algorithms available in the case of melanocytic lesions located in the anogenital area in a teenage population. However, there are reports of melanoma diagnosed in this location in young girls, which clearly indicates the need to create such recommendations. For this purpose, it seems necessary to collect a large number of dermoscopic images of various lesions in this area and correlating them with histopathological and/or confocal microscopy examinations. Described in this cease series, especially case number 3., also confirms the difficulties associated with exact histopathological diagnosis of atypical, pigmented lesions in this area, which emphasizes how important cooperation between dermatologists and pathologists is.

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Abstract N°: 4321

Cheilitis: a proposal for a new classification

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Introduction & Objectives: Cheilitis is an acute or chronic inflammation of the lips. It can occur alone, involving the vermilion border, or associated with oral or perioral involvement. Many skin and systemic diseases, such as lichen planus, autoimmune bullous diseases, lupus erythematosus, nutritional deficiencies, Crohn's disease, and sarcoidosis, may involve the lips. Because of the complexity of this topic, the clinical approach to a patient with cheilitis may be particularly challenging. In the literature have been reported several types of cheilitis with distinctive features such as frequency, etiology or duration, but there are no univocal recommendations on classification.

Materials & Methods: four researchers independently reviewed the literature between February 2023 and April 2023. Data were extracted from PubMed/MEDLINE, using the keywords: "Cheilitis" OR "lip inflammation" OR "lip dermatitis" OR "angular cheilitis" OR "contact cheilitis" OR "actinic cheilitis" OR "exfoliative cheilitis" OR "allergic cheilitis" OR "drug-induced cheilitis" for a total of 2349 unique articles present from 1909 to 2023;

Results: of these articles 247 were narrative reviews of the literature, while 39 were systematic reviews. It was found that attention to this topic has increased in recent years, but an etiopathological classification of cheilitis has not been proposed yet.

Conclusion: Our study aimed to propose a classification of cheilitis according to the following categories: (1) Isolated cheilitis, when the pathology is localized to the lips, it's not associated with other systemic symptoms and it does not involve the oral cavity (e.g., cheilitis simplex, infectious, contact, actinic, glandular, granulomatous, exfoliative); (2) Cheilitis associated with dermatological diseases (e.g., atopic dermatitis, lichen planus, autoimmune bullous diseases); (3) Cheilitis associated with diseases with systemic involvement, (e.g., systemic lupus erythematosus, Crohn's disease, sarcoidosis); (4) Cheilitis related to adverse drug reactions, when cheilitis has a clear cause-and-effect correlation with drug intake (oral retinoids, erythema multiforme, Stevens-Johnson). Our classification may provide the clinician with a new tool when assessing a cheilitis.

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Abstract N°: 4394

Clinical and dermoscopic features in a case series of histopathologically proven vulval hidradenoma papilliferum

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Introduction & Objectives:

Vulvar lichen sclerosus (VLS) is a chronic inflammatory dermatosis with a predilection for the anogenital region.

In the pediatric population, vulvar pruritus is the main symptom; it is most often treated wrongly by general practitioners as a repetitive pinkeye disease or considered an hygiene defect, which leads to a delay in diagnosis. Its treatment is effective as long as it is early; however, we are faced with the constraints of the location of the lesions and the side effects of the treatments applied.

Aim. To specify the clinical characteristics of (VLS) in the female pediatric population in order to plan early treatment.

Materials & Methods: Data were collected from case notes on female patients aged < 18 years diagnosed with VLS attending a dermatology service During a period of 5 years .

Results:

In total, 12 pediatric female patients were identified. The median age at onset of symptoms was 6,6 years. The histological study was carried out in only one case. The reason for consultation was mainly vulvar pruritus in 7 cases, a burning sensation in 3 cases, and achromia giving rise to suspicion of vitiligo in 2 cases. The association with urinary incontinence was found in 3 cases. In our patients, the LSV was associated in 2 cases with vitiligo, in 3 cases with alopecia, and in one case with Down syndrome. On clinical examination, skin sclerosis was noted in 05 cases, clitoral hooding in 03 cases, effacement of the labia minora in 2 cases, and vulvar edema in 2 other cases.

All our patients were put on ultra-high-potency topical corticosteroids at a rate of 5 days per week, associated with an antimycotic at a rate of 2 times per week, for a period of 3 months with a regression pattern. 10 of the patients had a satisfactory evolution; for the rest, we opted for the prolongation of the treatment up to 4-6 months. A maintenance treatment was prescribed based on dermocorticoids or topical tacrolimus, depending on availability, and the total duration of treatment varied from 9 to 18 months. In our patients, no recurrence of the disease was noted over a period of 3 years, nor were there any side effects due to the sequential application of dermocorticoids and their association with antimycotics.

Conclusion:

The diagnosis of LSV is clinical, with a good prognosis in children. If treated early, it evolves without sequelae. An individual approach for each patient allows for optimal treatment while avoiding any side effects.

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Abstract N°: 4618

Mucous membrane pemphigoid: a brief review and presentation of a case series from a tertiary hospital in Spain

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Mucous membrane pemphigoid: a brief review and presentation of a case series from a tertiary hospital in Spain.

Introduction & Objectives:

Mucous membrane pemphigoid (MMP) is a rare disease, consisting of a heterogeneous group of autoimmune blistering diseases that predominantly involve mucosal surfaces. It is characterized by the presence of autoantibodies against basement membrane zone antigens.

Materials & Methods:

This is an observational and retrospective case series at a tertiary hospital in Madrid, Spain. All patients were managed by a multidisciplinary team consisting of ophthalmologists, dermatologists and internists. The data and clinical history of 14 patients diagnosed with MMP between 2009 and 2023 were reviewed. Clinical and epidemiological characteristics of these patients are described and discussed.

Results:

We present a series of 14 patients (9 women and 5 men). The median age is 71 years in the sample. Three patients in the series have a history of other autoimmune diseases (Crohn's disease, psoriasis and myasthenia gravis). None of the patients have active cancer. Seven of the patients have been diagnosed by the Ophthalmology department and seven by the Dermatology department.

Six of the patients have involvement of the oral mucosa exclusively, while another six patients have conjunctival involvement exclusively. One patient has oral and conjunctival involvement; and only one patient has conjunctival and nasopharyngeal mucosal involvement.

All patients included had positive direct immunofluorescence at the basement membrane zone. Among these, 6 patients were positive for IgG+C3 and 3 patients were positive for C3 only. The remaining patients had other combinations that will be detailed in the final publication.

Indirect immunofluorescence was positive in only 5 patients. Antibodies against BP180 were present in 80% of the patients in which the serology was positive.

Regarding treatment, all patients with exclusive oral involvement have a well-controlled disease. Three of them are in remission without systemic treatment, and the rest present clinical stability with first-line therapy with oral azathioprine.

The group of patients with conjunctival involvement is more heterogeneous. Five of these patients have a well-

controlled disease with first-line therapy with systemic mycophenolate and cyclosporine eye drops. On the other hand, in two patients it was necessary to start treatment with cyclophosphamide (second-line) or rituximab due to poor disease control (third-line therapy).

Conclusion:

We present a large case series of a rare disease, and discuss the characteristics and particularities of this group. We detail the results of direct and indirect immunofluorescence and analyze the factors that determine the response to treatment.

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Abstract N°: 4681

Clinical spectrum of anogenital lichen planus

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Introduction & Objectives: Lichen planus (LP) is a chronic inflammatory condition with wide range of clinical manifestations. It can involve the skin, mucoses, nails and hair follicles. Anogenital involvement is relatively rare manifestation of the disease. Three forms of anogenital LP (AGLP) can be distinguished - typical, hypertrophic and erosive, including vulvovaginal-gingival and peno-gingival LP. There are variable data regarding the coexistence of lichen planus lesions in various locations. AGLP seems to be more frequently associated with other mucosal than skin and scalp lesions.** The aim of this study was to analyze the prevalence of skin, mucosa and scalp involvement among patients presenting with AGLP.

Materials & Methods: We observed 59 patients- 42 females and 17 males (from 28 to 75 years old, mean age 50.6±15.4 years). Typical form of AGLP was diagnosed in 13 (22%) patients, hypertrophic form – in 12 (20%) patients, erosive form – in 34 (57%) of them. The diagnosis of erosive VLP was made according the diagnostic criteria suggested by RC. Simpson (2013). Histological examination was performed in all patients with erosive AGLP and lichen planopilaris (LPP).

Results: Erosive form of AGLP was most prevalent form of the disease in females (30 females, 71% and 4 males, 23%), while typical form of AGLP was diagnosed most commonly in males (9 males, 52% and 4 females, 9,5%). The peculiar features of erosive AGLP in patients of both sexes was often concomitant involvement of oral cavity (14 females, 46% and 4 males, 100%). Vulvovaginal-gingival LP was diagnosed in 4 females, and peno-gingival LP in 2 males. Skin involvement with papules characteristic for LP was observed in 7 females (16%) and 3 males (17%), it accompanied hypertrophic AGLP in 6 cases. LPP was diagnosed in 6 patients with AGLP. Erosive AGLP was the most common form of the disease with concomitant scalp involvement – 5 cases. Classic form of LPP was diagnosed in all patient. Patients had confluent focuses of cicatricle alopecia. Perifollicular erythema and scaling were observed both clinically and on dermoscopy. In one of those patients scarring frontotemporal hair loss with band-like recession of the scalp hairline and thinning and loss of eyebrow, as well as non-cicatricial alopecia in the armpit and pubis and lichenoid papules on the trunk were observed. So the diagnosis of frontal fibrosing alopecia and Graham-Little-Piccardi-Lassueur syndrome was made.

Conclusion: Clinical manifestations of AGLP have significant gender peculiarities. The erosive form of dermatosis predominates in females, and the typical form - in males. The erosive AGLP in persons of both sexes is characterized by frequent involvement of the oral mucosa and scalp. In some patients, vulvovaginal-gingival, vulvovaginal-gingivalpilar, and peno-gingival LP can form. LPP and AGLP are regarded as spectrum of the same disease. Erosiv vulvar LP and share common features with LPP such as predominance in females, chronic course, and association with autoimmune diseases. To our knowledge there is only one publication concerning coexistence of vulvar LP with LPP. M. Olszewska et al. observed 12 patients with vulvovaginal – gingival lichen planus and LPP. The term vulvovaginal-gingivopilar lichen planus was suggested to describe the entity. More patients should be enrolled to estimate the prevalence and features of clinical manifestations of AGLP, to develop diagnostic and prognostic criteria for the combined disease and approaches to treatment.

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Mucoscopy of Oral Lichen Planus: A Case Series

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Mucoscopy of Oral Lichen Planus: A Case Series

Background: The utility of dermoscope has moved beyond skin, hair and nail. Mucoscopy is the application of technique of dermoscopy to the mucosal pathologies and is increasingly gaining importance. The aim of the present case series was to describe the mucoscopic features of histologically proven oral lichen planus.

Observations: Five consecutive suspected cases of oral lichen planus were included after an informed written consent over a period of 8 months. Demographic characteristics, history, and examination were recorded on a predesigned proforma Three patients were male and 2 female with a mean age of 42 years (range: 35 to 62 years). Histopathology from all the cases was consistent with the features of oral lichen planus. Polarized mucoscopy showed Wickham striae (100%), in the pattern of linear, radial and mixed. Vascular pattern (80%) observed was in the form of linear, dotted and hairpin vessels. Erythematous to violaceous background was observed in 80% of the patients. Pigmentation (40%) in the form of gray-black, dots and globules was seen. Erosions and bleeding spots were seen in two and one patients respectively.

Key message: Mucoscopy, an easy, non-invasive imaging technique serves as a valuable aid to dermatologists in diagnosing mucosal pathologies, sometimes even obviating the need for biopsy.

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Multiple factors involved in the aetiology and clinical features of cheilitis (lip inflammation)

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Multiple factors involved in the aetiology and clinical features of cheilitis (lip inflammation)

Introduction & Objectives: Cheilitis may appear as an isolated condition or as part of certain systemic conditions (such as anemia due to vitamin B12 or iron deficiency) or local infections (e.g., herpes and oral candidiasis). Cheilitis can also be a symptom of a contact reaction to an irritant or allergen, or may be provoked by sun exposure (actinic cheilitis) or drug intake, especially retinoids.

Materials & Methods: In this cross-sectional study we analysed cheilitis prevalence, demography, clinical features, patients' habits, psychological stress, systemic diseases, vitamin B9, B12 and iron serum levels and allergy test results in a total of 130 subjects with cheilitis, plus 22 healthy subjects.

Results: The most common cheilitis types were: cheilitis simplex and eczematous cheilitis (28.5%); herpetic cheilitis (16.9%); and exfoliative and angular cheilitis (7.7%). Concerning bad habits, there was a significant association/connection between self-reported saliva at the corners of the mouth and angular cheilitis, and between lip licking/biting and exfoliative cheilitis. Common associated conditions were skin diseases (56.5%) and atopy (84%). Vitamin B9 and B12 serum and iron values were mostly within the normal reference range. The patients suffering from herpetic cheilitis had significantly higher psychological/mental stress levels than the control group.

Conclusion: We found that the crucial step is getting detailed medical history of the patient with all possible information on the potential mitigating factors. Complete medical history, clinical picture and appropriate diagnostic workup are the key factors in recognizing the right type of cheilitis and of its successful treatment.