Nails' pathology in lichen planus

Overview. Lichen planus known and less known name in the etiology and pathological level. The first description appears in 1870. It represents less than 0.5-1% among skin diseases. It occurs approximately equally in both sexes, more often in adults, rarely in children. Lichen planus is considered a cell mediated immune response of unknown origin. Lichen planus has a wide variety of clinical forms. There are the classical forms, more often encountered and the uncommon forms that pose diagnostic and treatment problems.

Material and method. The study group includes 3 patients: 2 Men (40 and 47 years old), 1 Female (56 years old).

Results. The onset of the disease was slow, preceding the presentation with 4-6 months. Laboratory examination: Summary analysis of the blood, transaminases, hep-C test, hep-B, CSR, HIV, Static and dynamic blood glucose, X-ray of the chest, histopathology. Treatment: antimalarials: 150 mg/pill-plaquenil x 2 for 20 days and then 1 pill a day for 30 days. Systemic corticosteroids: prednisolone 5mg/tb, 30mg daily, suspend a pill every 7 days, antihistamines (loratadine 0.1, suprastin 0.1), antidepressants (xanax), topical corticosteroids, superficial cryotherapy, methylene blau 2% aqueous solution, silimarin 140, Vit. B1, B6, B12, Omega-3.

Conclusions. Lichen planus requires combined treatment after consulting the internist, infectious disease and neuropathology physicians. It has a benign evolution with great tendency to persist for several years, sometimes with spontaneous healing but relatively frequent recurrences. Along with atypical lichen eruptions, typical rash was detected in all cases, leading, together with histopathology, to a correct diagnosis.

Key words: lichen planus, nails' pathology.

Pilitortoza – cazuri clinice

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Cazul clinic nr. 1. Prezentăm cazul clinic al unui copil de 2,5 ani, sex feminin, din mediul rural, care este consultat ambulator. Din spusele mamei, după ce a tuns copilul la vârsta de 1 an, părul a început să crească foarte greu, fiind fragil, cu aspect inestetic. A administrat multiple tratamente, la locul de trai, pentru stimularea creşterii părului, atât sistemice (polivitamine, tratamente antiparazitare), precum şi local (tratamente naturiste cu suc de ceapă etc.), dar fără niciun efect pozitiv. Astfel, se observă fire de păr uscate, aspre, care se rup spontan, aproape de punctul de emergenţă. Firele de păr sunt rupte la distanţe diferite, fiind afectată întreaga suprafaţă a scalpului. Nu se atestă anomalii dentare sau de keratinizare. De menţionat faptul că la pacientă se constată şi anomalii neurologice (retard intelectual).

Cazul clinic nr. 2. Prezentăm şi cazul clinic al unui copil de 1,5 ani, sex masculin, din mediul urban, de asemenea, consultat ambulator. Din spusele tatălui, copilul acuză o cădere şi o rărire a părului în regiunea occipitală, asociată cu erupţii cutanate la acest nivel, fără senzaţii subiective. De asemenea, a administrat multiple tratamente, sistemice şi locale (inclusiv pentru rahitism), fără niciun efect terapeutic. Se observă fire de păr aspre, iar în regiunea occipitală uşor decolorate, rupte la distanţe diferite, cu aspect distrofic. Se constată, la acest nivel, şi numeroase keratoze foliculare. Alte anomalii nu se atestă. Copilul creşte şi se dezvoltă conform vârstei.

În ambele cazuri, diagnosticul s-a stabilit în baza tabloului clinic şi a examenului dermatoscopic al firelor de păr. Dermatoscopia, în aceste cazuri, relevă o răsucire şi aplatizare neregulată a tijei firului de păr (cu aspect de frânghie).

Discuţii. Pilitortoza (*pili tori*) este o afecţiune genetică, caracterizată printr-un defect al dezvoltării firelor de păr, acestea fiind turtite şi, pe alocuri, răsucite în jurul axei longitudinale, până la 180º, fenomenul ducând la o rupere spontană, cu aspect distrofic, al podoabei capilare. Este constatată o afecţiune genetică, cu transmitere autosomal-recesivă, evoluţia fiind favorabilă, boala ameliorându-se spontan la pubertate. Orice tratament este ineficient.

Concluzii. Cazurile sunt propuse spre discuţie pentru raritatea afecţiunii şi posibilităţile diagnostice moderne. Examenul dermatoscopic efectuat a simplificat substanţial stabilirea diagnosticului, astfel evitând tratamentele ulterioare inutile.

Cuvinte-cheie: *pili torti*, copii, boală rară.

Pili torti – clinicale cases

Clinical case No 1. We present the clinical case of a child 2,5 years, female, rural, presented to ambulatory consultation. According to her mother after the baby haircut at the age of 1 year, hair began to grow very hard, being fragile with unaesthetic appearance. The child received multiple treatment, at place of living, to stimulate hair growth, both systemic (multi-vitamins, anti-parasitic treatments) and local (natural treatments with onion juice, etc.), but without positive effect. Clinically is observed hair dry, rough, which break spontaneously, almost to the point of emergence. The hairs are broken at different distances and located all over the scalp. There were no dental or keratinization abnormalities. It is necessary to mention that the patient has associated neurological abnormalities (intellectual delay).

Clinical case No. 2. We also present the clinical case of a child 1.5 years old, male, urban, also consulted ambulatory. According to his father, the child has a fall and thinning of hair in the occipital region, associated with rash at this location without subjective sensations. He has also received multiple treatments, systemic and local (including rachitis) without any therapeutic effect. Clinically is observed harsh hair, and slightly discolored, broken at different distances, with dystrophic aspect in the occipital region. Multiple follicular keratosis is also observed. Other anomalies are not observed. The child grows and develops according to his age. In both cases the diagnosis was established on the basis of clinical examination and dermoscopy of hair. Dermoscopy shows irregular twisting and flattening of the hair shaft (imitation of rope).

Discussions. Pili torti is a genetic disorder characterized by defective development of the hair, which is flattened and twisted around the longitudinal axis by 180 degrees, this fact leads to spontaneous rupture of the hair with dystrophic aspect. Etiopathogenesis unknown, it is considered a genetic disorder with autosomal recessive transmission. This disorder has a favorable evolution, the condition improves spontaneously at puberty. Any treatment is ineffective.

Conclusions. Cases are highlighted for the rarity of the condition and possibilities of modern diagnostics. Dermoscopic examination facilitates substantially diagnosis, thus avoiding further unnecessary treatments.

Key words: pili torti, children, rare disease.